

Fabs Domiciliary Homecare Ltd

Fabs Domiciliary Homecare Ltd

Inspection report

Leegate Centre Unit 13
Lee Green
London
SE12 8SS

Tel: 02088527958

Date of inspection visit:
29 May 2019

Date of publication:
02 August 2019

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

About the service

Fabs Domiciliary Homecare Limited was previously known as Fabs Homecare Limited and is a domiciliary care agency.

People's experience of using this service

Staff had training in safeguarding adults. This helped staff to identify, report and take action to protect people from the risk of harm and abuse.

Risks to people's health and well-being were identified and managed by staff. Each person had a risk assessment and a risk management plans that identified, managed and mitigated those risks found.

There was enough staff available to support people to meet their care and support needs. Effective recruitment processes were used by the registered manager to recruit experienced staff.

Medicines were managed safely and people had their medicines as prescribed.

Staff had an induction on employment. All staff had access to ongoing training, supervision and appraisal.

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

Staff supported people with their nutritional needs. People had meals and drinks prepared for them according to their individual preferences.

People had access to services when their health care needs changed. Staff understood what actions to take to respond to an emergency.

People had an assessment that identified their health and support needs. Care plans provided staff with enough guidance to meet people's assessed needs. Care plans were reviewed on a regular basis with people's contributions so they received their care in the way they wanted.

People confirmed that staff were kind. Staff carried out care and support that met people's needs while protecting their dignity and respecting their choices.

No one receiving a service required end of life care. The registered manager understood how to effectively support people who required specialist palliative care.

The provider had a complaints policy. People knew how to make a complaint about the service if they were

unsatisfied with their care.

There were systems in place that monitored and reviewed the service to ensure the care was of a good standard.

The Care Quality Commission (CQC) were notified of incidents that occurred at the service.

The registered manager worked in partnership with health and social care professionals to help them improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The previous rating was under the previous name, the rating was Good. (The inspection report was published on 12 September 2018). This inspection has been carried out due to the change in legal entity.

Why we inspected

This was a planned inspection based on the rating of the service at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Fabs Domiciliary Homecare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a domiciliary care service.

Service and service type

Fabs Domiciliary Homecare Limited provides care and support to adults some who are living with a physical disability. It provides personal care to adults living in their own homes. At the time of this inspection 35 people were using the service. Not everyone using Fabs Domiciliary Homecare Limited receives a regulated activity. The Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff. We needed to be sure that they would be in. The inspection activity started on 15 May and ended on 28 May 2019. We made telephone calls to people using the service on 15 and 16 May 2019. We visited the office location on 28 May 2019 to see the registered manager and to review care records, policies and procedures.

What we did

Before the inspection, we looked at information we held about the service including notifications sent to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four relatives. We spoke with the registered manager, deputy manager and three care workers. We looked at 10 care records and medicine administration records. We also looked at 10 staff records and other documents relating to the management of the service.

After the inspection

We contacted two health and social care professionals for their feedback about working with the service but did not hear back from either of them.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered provider had a safeguarding policy and processes in place which helped to keep people safe. One person said "I feel very safe when my regular carers come."
- Safeguarding adults training provided staff with an understanding of abuse and how to protect people from the risk of harm and abuse.
- Staff completed their internal enquiries regarding any safeguarding allegations and the registered manager reported these to the local authority for investigation.
- Records were kept of each safeguarding investigation and the outcome of these were also recorded.

Using medicines safely

- People had support with taking their medicines when this was required.
- People and relatives confirmed they received staff support with their medicines. Comments included, "[Care workers] prompt me to take the medicines", "I have a lot of medicines. The carers get them so I know which is taken when" and "Carers supervise medication."
- Medicine administration was managed by staff that were assessed as safe and competent to support people with taking their medicines.
- Medicine administration records (MARs) were used to record when staff administered medicines for people. Known allergies were also recorded on the MAR. Each MAR was returned to the service for review. We found the MARs we looked had no unexplained gaps in them.

Assessing risk, safety monitoring and management

- People said they felt safe with their care workers. A comment included, "I have had care for about a year, and I do feel safe with them, they need to help me to transfer to and from bed and wheelchair and I do feel safe."
- Staff assessed people's health and well-being needs and identified any associated risks.
- Risk assessments provided sufficient details so staff could support people safely. Staff identified risks in relation to continence needs, pressure ulcer development, falling from bed and transfers from bed. The risk management plan clearly defined each risk and the staff support to reduce these.

Preventing and controlling infection

- The provider had an infection control policy and processes in place. Staff were familiar with how to reduce the risks of infection for people.
- The provider supplied personal protective equipment (PPE) to help reduce the risk of infection.
- PPE included gloves and aprons to help protect people from the risk of cross-infection. People confirmed

that staff used and changed their gloves and aprons during their care visit.

Staffing and recruitment

- The registered manager followed the provider's recruitment process to ensure staff were employed into the service in a safe way.
- Each new member of staff had checks completed. This included previous employer references, proof of the right to work in the UK and the personal identity for new staff. Each member of staff had a criminal record check completed with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.
- The registered manager had deployed enough staff to support people with their care and support needs.
- People gave us positive views of the care workers. Comments included, "They [care worker] are pretty punctual, and they seem to have time to do everything and they have definitely never missed me out", "[Care workers] always stay the full time and they never miss me altogether" and "[Care workers] are on time traffic permitting, and they stay till everything is done, and they don't miss calls."

Learning lessons when things go wrong

- The registered manager monitored events that occurred at the service.
- The registered manager reviewed these to establish any recurring themes. Any concerns or issues found were discussed with the staff team and used as learning opportunity for staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All staff completed an induction when they started their employment. There was a programme in place for staff training, supervision and an appraisal.
- Staff files held details of the induction programme. The provider's own induction programme was based on the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff training included, moving and handling, mental capacity act, medicines management, food hygiene and infection control.
- Each member of staff discussed the training they had completed since their employment. Staff comments included "The training helped me to understand people's needs better" and "The Care Certificate gave me more information on how to provide person centred care for people."
- The registered manager had a planned programme of supervision and appraisal for all staff. Supervision and appraisal meetings gave staff the opportunity to reflect on their professional and personal development needs. This helped staff to also identify their strengths and challenges they encountered in their jobs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had assessments before receiving a service. Assessments identified people's individual needs related their health and well-being.
- Care records included information about people's health conditions. These provided guidance to care workers on how to monitor people's health and report promptly any changes or concerns.

Supporting people to live healthier lives, access healthcare services and support

- People took control of their own health care concerns and staff made referrals to health and social care professionals when this was needed to improve their individual needs. People said, "The social worker comes and talks through these things but more with [my relative]" and "The council are fitting various rails and frames around so I can get about the house better, but I am not sure who organised that."
- Staff took prompt action to respond to people's health when they became acutely unwell and when staff identified changes to their health and well-being.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with health and social care professionals when people's needs changed. Staff referred people to health and social care professionals such as occupational therapists, district nurses and social work professional for additional assessment when people's needs changed. Care records had details of people's

health conditions and who to contact if people's medical health changed. For example, one person with a heart condition was supported by a specialist cardiac nurse and physician.

Supporting people to eat and drink enough to maintain a balanced diet

- People had their nutritional and hydration needs met.
- People had meals that met their individual preferences. People said, "Care workers do my breakfast, usually porridge and they do a cooked lunch, in the microwave, and they do a drink and something light for evening" and "I have a chair in the kitchen so I can do a certain amount myself but it is not really safe using the oven, they do most of it."

Ensuring consent to care and treatment in line with law and guidance

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. We checked whether the service was working within the principles of the MCA.

- People gave staff consent before they received care and support.
- People said staff were respectful and asked them for their permission before supporting them. Comments included, "Yes, always" and "The [care workers] do, they do always ask my permission."
- When people were unable to make decisions for themselves, staff referred people to the local authority for further assessment of their mental capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who understood their needs and were committed to delivering kind and compassionate care.
- People said staff were caring and kind to them and their relatives. Comments received included "I like them [care workers] as people because they treat me as an individual" and "They are great and I am very lucky to have them."
- Care records contained information about people's cultural heritage and religious needs. However, people said they would manage these independently. People told us that their families supported them to attend church, mosque and attend to their cultural needs as required.

Respecting and promoting people's privacy, dignity and independence

- People said staff were respectful of their dignity while supporting them with their care needs.
- People were encouraged to manage some of their care and support needs when they were able. This helped them to maintain some control and independence in some aspects of their life.
- Staff respected people's views and were kind and caring towards them. People said, "They treat me with a lot of respect but we have a laugh too, I don't mind male or female carers" and "Yes, they treat me with respect."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in and contributed to the development of their plan of care.
- Staff encouraged people to make decision about the level of support they wanted. This enabled them to maintain some control and independence in their lives.
- Senior staff completed regular checks on care workers to ensure they were delivering care and support in accordance to people's choices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had pre-assessments completed before they received a service. Assessments captured details of people's individual care and health needs. These include people's medical conditions, allergies, medicines, likes and dislikes and risks associated with their care and well-being.
- Assessment outcomes informed the care plan and guided staff in the level of support people needed to maintain their health and care needs.
- Care plans were reviewed on a regular basis to ensure these continued to reflect people's assessed support needs.
- People and their relatives contributed to their care assessments. People confirmed they made choices in their care needs. People said "Yes, they have listened to me and they added my lunchtime visit" "I have a care plan and it has everything about my care in it" "The booklet they write in, well it is all about my care" and "I know that there is information about my care and they write in it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff recorded any communication needs people had such as speech, hearing or sight impairments. People's care records also documented how staff communicated with people with these needs.

Improving care quality in response to complaints or concerns

- There was complaints policy and process in place. The complaints process was given to people when they began using the service. The registered manager or a senior member of staff was responsible for managing all complaints and responding to the complainant in line with the complaints policy.
- People said they were confident to make a complaint about the quality of care and support they received.
- All complaints received were managed in line with the complaints policy. People said, "I did [make a complaint] and that person has never come back" and "My [relative] would do that [make a complaint]."

End of life care and support

- At the time of the inspection no one required end of life care.
- The registered manager had planned end of life training for individual staff when they are supporting a person with this need.

- The registered manager had an understanding of health and social care professionals who would need to be involved to support people who were living with a life limiting illness.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed audits on the quality of care records, safeguarding records and medicines management records.
- The outcome of the audits identified whether further action was required to improve the service. Where issues were found these were shared with staff.
- Notifications of incidents and events that occurred at the service were sent to the Care Quality Commission (CQC) as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had an understanding of the duty of candour and their legal responsibility to share information when concerns are raised or when things go wrong.
- Staff said they felt supported by the registered manager. They said their concerns were listened to. One member of staff said, "[The registered manager] really helped me when I needed help financially, I really needed help and their support was wonderful."
- There was an out of hours on-call system in place. This was managed by a senior member of staff who provided people using the service and staff advice and support when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People gave positive views of the management of the service. People and relatives said, "I can't imagine they could be better" and "They are doing a difficult job well."
- People were contacted on a regular basis for their feedback. People completed a questionnaire for their views of the service. People said they were happy with the care and support received.
- The registered manager had regular communication with staff through staff meetings, telephone calls and text messages. Staff were aware of the developments in the service through the provider's communication.

Continuous learning and improving care

- Regular spot checks took place with care staff. This ensured people received care and support that met their needs. Any concerns with the care given were discussed with the staff team to ensure people received a consistent service.
- The registered manager shared with staff significant events that occurred in the service.

- Staff implemented any recommendations from the reviews of the service and management records and the registered manager was committed to a culture of continuous learning and improvement.

Working in partnership with others

- The management team worked with health and social care professionals. Staff met with social care professionals so they could share positive information about the service and to learn from each other.
- Records showed that staff had made contact with a range of health care professionals. This enabled people's needs to be understood so they received the appropriate support to meet their continued needs.