Fabs Homecare Limited

Fabs Domiciliary Homecare Limited

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 16 May 2018 and was announced. Fabs Domiciliary Homecare Limited previously known as Fabs Homecare Limited is a domiciliary care agency. It provides personal care to adults living in their own homes. 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.

At the time of the inspection, 26 people were using the service who were living in the London Boroughs of Bromley Greenwich and Lewisham.

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 the last inspection on 26 February 2016, we found the registered manager did not always review staff performance each year through an appraisal. We asked the registered manager to make improvements in staff appraisals and this action has been completed.

At this inspection we found that people experienced late care visits and were not informed of this promptly. We also found that sufficient improvements were not taken to ensure staff were regularly supervised. We have made two recommendations regarding the monitoring of missed and late visits and staff supervisions.

The registered provider had guidance that helped staff explore the principles of safeguarding adults from abuse. Staff were able to identify abuse and take action to keep people safe from harm.

Risks to people were identified and recorded in risk assessments. Risk management plans were developed from this information and used as a tool for staff to manage those risks for people.

Enough staff were employed to care for people. When people required more than one member of staff to support them, this was provided. Safer recruitment procedures were used to recruit suitable skilled and experienced staff.

People had their medicines safely. People had their required medicines as prescribed by their GP. Staff were assessed as competent and safe to complete this task.

Staff had an induction, training and appraisal. Although staff completed supervisions these were not completed on a regular basis. Staff had access to regular training and appraisal to help them in their roles.

The Mental Capacity Act 2005 (MCA) principles were understood by the registered manager. Staff completed

training in MCA which improved their understanding and knowledge of caring for some under MCA. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People gave staff their consent to care before staff provided care and support.

Staff prepared meals for people according to their needs. People said they enjoyed meals staff provided which met their individual preferences. Staff also completed shopping tasks when people required this.

Health care services supported people with their health needs. People had access to a GP so that their health needs were reviewed and monitored. Staff accompanied people to appointments if this was what people wanted.

Assessments focused on the needs of people using the service. Care records were person centred and included details of the care and support people needed to maintain their health and wellbeing. People were involved in the assessment of their needs. People made care decisions which were recorded and reviewed on a regular basis.

People could make decisions about their care and how their wanted it carried out. End of life decisions were also recorded in people's care records which guided staff on how to support people effectively.

Staff treated people with respect, kindness and were helpful. People said staff respected their privacy and provided care in a dignified way.

The registered provider had an infection control policy in place. Staff followed this guidance and used personal protective equipment to reduce the risk of infection.

The registered provider had a complaint policy. The complaint process in place allowed people to make a complaint about an aspect of their care and support.

Staff told us they enjoyed working for the service and said they carried out their jobs effectively. The registered manager completed a review of the quality of care at the service. People gave their opinions of the quality of care and support they received.

The registered manager fulfilled the requirements of their registration with Care Quality Commission (CQC). The service informed CQC of concerns and incidents that occurred at the service.

The registered provider had developed partnership working with health care professionals and accessed services for people to help them maintain their health and well-being.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood abuse and knew what actions to take to keep people safe.

Staff identified risks to people's health and well-being and a plan was in place to manage them. People experienced late calls and the new systems in place to monitor late and missed calls were not yet embedded, however we will check this at our next inspection.

There was enough safely recruited staff to meet people's needs.

Staff managed people medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff assessed people's care and support needs to ensure the care provided matched their needs.

Staff had an appraisal, and training which supported them in their role. The registered manager completed group supervision however there were plans for staff to have frequent one to one supervision sessions.

Meals were prepared by staff that met people's preferences and needs.

The registered manager understood the requirements of the Mental Capacity Act (MCA). People gave consent to staff for care and support.

People had health care checks on a regular basis and could access services as needed.

Is the service caring?

Good

The service was caring.

People said staff treated them with kindness and compassion. Staff protected people's dignity and privacy whilst caring for

them.

People and their relatives made decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Staff involved people in their assessments which helped to develop personal centred care.

The registered provider's complaints procedure was followed by staff. The registered manager followed the complaints process appropriately.

End of life decisions were made by people. These were recorded in people's care records and available to staff.

Is the service well-led?

Good

The service was well-led.

Staff understood their role in the service and said they felt happy in their jobs.

People gave their feedback on the quality of the service. The registered manager completed reviews and was monitoring the quality of the service.

The registered manager sent notifications of incidents to the Care Quality Commission.

Fabs Domiciliary 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. 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 16 May 2018 and was announced. After the inspection, we requested additional information from the registered manager. We received this information as requested. One inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service 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 the registered manager and a care co-ordinator. We reviewed four people's care records and two staff records. We looked at other records relating to the management, leadership and monitoring of the service.

We spoke with four people and six relatives who used the service. We contacted health and social care commissioning officers for their views of the service.

Good

Is the service safe?

Our findings

People felt safe receiving care and support. People we spoke with said that staff made them feel safe when they received care from them. People shared their comments such as, "Yes. [my relative] has the same person (care worker) and [my relative] feels safe with her" and "Oh yeah and I know their credentials are checked."

Staff understood the registered provider's safeguarding procedures. Staff followed this guidance to protect people from the risk of harm and abuse. Staff accessed in house training in safeguarding adults. A local authority council provided additional safeguarding adults training which helped to build on and consolidate current learning. Records showed that staff had completed this training which gave them knowledge and skills to recognise abuse. The registered manager understood their responsibilities in managing allegations of abuse. Staff could access the local authority safeguarding team for advice and investigation into abuse.

Detailed risk assessments were kept in people's care records. These risk assessments contained information about each risk and how to manage them. Where specific associated triggers were found these were also recorded so staff were aware of them. For example, a risk assessment identified a person was at an increased risk of falls. The risk management plan detailed the specific support the person needed from staff to reduce this risk by using specific equipment to care and support this person.

The staff were in enough numbers to support people safely. Records showed that sufficient staff were made available to meet people's needs. When people required two members of staff to support them this was provided. People preferred being supported by a regular care worker. We received mixed views on whether staff arrived on time to provide care to people. Comments included, "(Care worker) is always on time" "On Saturdays and Sundays they come. (Care worker) will tell me what time (of the visit) the day before" "Yes. The regular ones look after me" "They're very punctual" and "They do (come on time) I've got no problems." Other comments included, "They always have excuses for being late. I spoke to (name) about this and she apologised", "No one turned-up last Monday (bank holiday) and no one phoned me" "They're not on time. (but) there's been an improvement recently." The registered manager shared they had implemented a new system to monitor care visits. They added, "With the new system we are able to check when care workers arrive, how long they attend a visit and whether they are staying the allocated time. We can also check when a visit has been missed so we can follow this up quicker and prevent people not receiving care." We could not assess the effectiveness of this system because this had not yet been embedded, however we will check this at our next inspection.

We recommend that the service seeks advice from and reputable source and uses current guidance to monitor and improve practice to ensure people receive their care consistently.

The registered provider had a system in place for the recruitment of staff. The job application process was used to ensure only suitability skilled staff were recruited. We checked staff records. These contained an application form, this included details of the person's experience and suitability for the job. Previous employment and reasons for any gaps in employment history were also recorded. Pre-employment checks

were carried out. This included a criminal records check from the Disclosure and Barring Service (DBS). DBS checks allow an organisation to make safer recruitment choices. Staff also confirmed their identity and their right to work in the UK.

Staff managed and administered people's medicines safely and in line with the prescriber's requirements. Staff had an assessment to ensure they were competent to support people safely with taking their medicines. Some people we spoke with could manage their medicines independently. Other people who required assistance with their medicines were supported. People said "(Care worker) writes down about my medication on the MAR" "They take it out of the box (the medicine) and prompt me" and "They watch him take them (medicines) and then write it on the MAR in the book." Medicine audit checks were carried out to ensure people's medicines were safely managed and staff continued to be competent in this task.

Good

Is the service effective?

Our findings

At our previous inspection on 26 February 2016, not all staff received supervision and an appraisal to ensure they were effective in their roles.

At this inspection we found improvements in staff appraisal. We found staff had a yearly appraisal. This enabled staff to review their job performance and identify their training and development needs. The registered manager conducted supervisions with staff. However, we found that staff did not have regular supervisions in line with the registered provider's recommendations. Staff we spoke with said that the office based staff and the registered manager were accessible if they needed support, however we found that staff did not always receive a formal meeting to discuss and record their concerns and any development or training needs.

We recommend that the service finds out more about support for staff, based on current best practice.

Staff were trained to support people in an effective way. People and relatives we spoke with said they felt staff were trained and understood their or their relative's needs. People commented, "Yes. I tend to have experienced people and they know what to do" and "Yes they are (well-trained); it shows by the way they do things." We reviewed the staff training records. Staff completed training to support them in their role when they came to work at the service. Staff completed mandatory training throughout their employment at the service. Training included safeguarding adults, medicine administration and basic life support and food hygiene.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People who received a service were not cared for under the MCA. However, staff and the registered manager understood their responsibilities under MCA and how they would care for a person safely. Staff completed training in the MCA which provided them with a framework and knowledge of caring for people who may not have the ability to make decisions for themselves.

People gave staff their consent before support was provided. People we spoke with said staff asked them for their consent to care before supporting them. One person said, "[care workers] ask for consent, do that all the time."

People had food and drink which met their needs. Staff shopped for people and supported them to prepare meals that met their personal preferences and nutritional needs.

People had access to health care support when this was required. When people's health care needs

changed staff informed appropriate services. Care workers knew how to inform office based staff of changes in people's needs. Staff had access to health and social care services. Referrals for advice were made when people required additional support to help them maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People received a caring service that met their needs. People told us staff were caring. One person said, "Yep, very caring. She chats to [my relative] and makes sure [my relative] is happy" and another person said staff were "Certainly (kind and caring)." From our conversations with staff and people we found the service was caring and met the specific needs of people.

Staff showed people kindness and compassion. People and relatives, we spoke with said staff were kind and understood their needs in a compassionate way. People shared their comments with us, "I couldn't do without them", "I think [care worker] is very respectful. [Care worker] draws the curtains to maintain privacy. I'd say they were good" "I trust my carer and they always do what they should do" "We'd give 10 out of 10 for the carer" and "They [care worker] say hello and are very friendly. They [care workers] create a very nice atmosphere."

People had care delivered which met their needs and individual preferences. People and their relatives said a member of staff from the office visited them. Assessments were completed with people's involvement and contributions. Relatives supported their family members in their assessments when needed to ensure their needs and views were discussed and included. People's care records contained their assessed needs and the support staff would provide to meet them.

Staff completed people's care notes when they visited and carried out their care. These notes demonstrated staff had provided care in line with the person's care plan. People said, "Every day [care worker] would write down (care plan)" and "They do write things in the folder." People received information from staff about their care. People had a copy of their assessment and care plan which enabled them to be aware of the support they would receive.

People were treated with dignity and respect. Staff spoke about people they cared for in a caring way. They described how they provided care empathetically. One person told us, "They do respect me; I couldn't [care for myself] do without them." Another person said, "What's good? The reliability of turning-up and the relationship between [my relative] and (name of carer) is very good." People said staff protected their dignity, were respectful of them and their home and were pleased to receive the care. A person said, "Their manners towards him are very, very nice."

People were encouraged to be independent. People were encouraged to carry out their personal care needs as they were able. One member of staff said. "Encouraging people to do these things is good. Helps them have some control in their lives." Staff supported people to go to appointments and social activities when this was requested. This enabled people to maintain their connections with their local community. People had the support and supervision from staff when they needed this support so they could maintain a level of independence.

Good

Is the service responsive?

Our findings

Staff responded to people's care and support needs. People's care and support needs were identified following an assessment. Before people used the service, staff visited people to discuss their needs. One person said, "(Name) is the manager. She came to do the introduction visit."

People and their relatives provided information for the assessment. Assessments were person centred because these considered people's requirements, individual needs and preferences, balanced with their care and support needs. The outcomes of the assessments were discussed with the office based staff. The result of the assessment enabled staff to establish whether people's needs could be met by the service.

People and their relatives were involved in making decisions in the planning of their care. Care reviews took place with people on a regular basis. During the care plan review people provided their views on their care and whether they wanted any changes to the care they received.

Staff responded to people's changing care needs during care reviews. When required health and social care professionals attended care plan reviews. This enabled them to have an input into people care and adjust the support they received. For example, when people's needs increased the support received was adjusted and the change in care implemented promptly. One relative told us, "[family member] was assessed as needing two [care workers]. [After the review they] come four times a day." Following assessments and the care plan reviews people were given copies of these for their records. People were cared for by staff that welcomed their input and involvement to make decisions on how they wanted to receive their care.

People had an assessment of their end of life care. Care records contained details of who should be contact if required at that time. Staff completed training to care for people at the end of their life in an effective way. People's end of life choices and wishes were recorded in their care records.

People were confident about making comments and complaints about the care and support provided. The registered provider's complaints policy was known by the registered manger and staff. Care workers supported people to make a complaint about the service. The registered manager managed complaints and responded to the complainant with the outcome of the investigations into the concerns raised. The complainant was informed of the investigation and outcome promptly. "If we had to complain we'd check the folder for the complaints policy and call the agency", "I did make an out-of-hours call to the office and it was responded to" , "If we had to complain, I would go straight to (name of the agency)" and "They're nice people but if I had to complain, I'd ask to speak to the manager." People told us if they had a complaint about the care they received they would be confident about discussing their concerns with the registered manager.

Good

Is the service well-led?

Our findings

People were complimentary about the service and said it was well-led. People we spoke with said that the gave their views on the service. People commented that they felt staff were approachable but the communication from the office staff could be improved. Particularly regarding staff lateness. The registered manager had changed monitoring systems in response to staff timeliness. The registered manager informed us that the new system would reduce the occurrence of late and missed calls. We will check this at our next inspection.

We found that the registered manager kept the Care Quality Commission (CQC) updated of events that occurred at the service. Registered managers are required by law to inform CQC of incidents that should be notified. This enables CQC to take prompt action as necessary.

The registered manager supported staff through regular team meetings. The meetings enabled staff to be kept updated of events occurring in the service. This made sure everyone was informed about events that took place including sharing good practice. Staff could share their experiences and offer advice to colleagues during the team meetings.

Staff enjoyed working with people and the service. Staff said they were supported by the registered manager. One staff member said, "The manager listens to us and helps us when she can. That is really helpful and makes the job less stressful." Staff told us the registered manager was approachable and said they could discuss any concerns with them. They added the registered manager responded promptly to staff concerns.

Each year people and their relatives gave their comments on the care they received. People said they provided their feedback on the service. We looked at the feedback people provided on the questionnaire. The registered manager analysed the responses people and their relatives made. This showed that people were pleased with the quality of care provided.

The service had established systems to review the quality of care and identify areas for improvement. Regular checks were carried out to check the quality of care records. The records we reviewed were clear and accurately reflected people's needs. There were processes in place to review and monitor the quality of the care delivered by staff. Office based staff carried out spot check observations. This was to ensure staff supported people effectively, applied knowledge learnt and provided care in a supportive and effective way. Office based staff recorded care worker's practice during the care observation. These observation outcomes were discussed with the care worker. Any concerns were discussed with them and addressed with additional support offered to the care worker if required.

The registered manager had established working relationships with health and social care services. The registered manager attended regular meetings with the commissioning team and they reviewed the quality of care provided at the service. People benefitted from partnership working with health and social services because staff accessed support when this was required.