

Fabeliz Services Limited

Fabeliz

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 was completed on 27 September 2018 and 1 October 2018 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people.

Fabeliz is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. Not everyone using Fabeliz receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were eight people receiving the regulated activity of 'personal care' from Fabeliz at the time of the inspection.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous inspection was completed in July 2017 and the service was rated 'Requires Improvement' overall. We did not find any breaches of regulation but identified some areas for improvement. Systems to support people with their medicines were not always clear. W Medicine records did not have sufficient information for staff to administer the medicines safely and where risks to people's personal safety had been identified written plans were not in place to minimise these risks. The service did not have formal auditing systems to monitor the quality of the service.

At this inspection, we found improvements had been made and the service has been rated 'Good' overall.

People received safe care and treatment. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service to meet people's needs. There was a robust recruitment process to ensure suitable staff were recruited.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, themes and trends had been analysed, and action had been taken to ensure people were safe. Plans had been put in place to minimise the risk of re-occurrence.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities.

People were supported in an individualised way that encouraged them to be as independent as possible.

People were given information about the service in ways they wanted and could understand.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and could describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care. Where required, people were supported to make decisions about end of life care, which met their individual needs and preferences.

The service was well led. People, staff and relatives spoke positively about the registered manager. Quality assurance checks were in place and identified actions to improve the service. Where issues had been identified, appropriate action had been taken to address these. The registered manager sought feedback from people and their relatives to continually improve 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?

Good ●

The service was safe.

Staffing levels were sufficient to keep people safe.

Medicines were managed safely with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good ●

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

Where required, people and relevant professionals were involved in planning their nutritional needs.

People's health was monitored and healthcare professionals visited when required to provide an effective service.

Is the service caring?

Good ●

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were caring and kind.

People were supported in an individualised way that encouraged

them to be as independent as possible

People and their relatives were involved in planning their care and support.

Is the service responsive?

Good ●

The service was responsive.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

Staff had received training around the provision of end of life care. Staff had information that enabled them to provide support in line with people's wishes.

Is the service well-led?

Good ●

The service was well led.

Staff felt supported and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

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 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.

Prior to the inspection we looked at information about the service including notifications and any information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 27 September 2018 and 1 October 2018 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people.

The inspection included looking at records, speaking to people who used the service, talking with staff and phone calls and emails to relatives and health professionals. The records we looked at included people's care plans, medicine records, staff recruitment records, staff training records and other records related to the running of the service.

The inspection was completed by one adult social care inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with the registered manager of the service and two members of care staff. We spoke with six people who used the service. We also spoke with four relatives of people who used the service and two health and social care professionals who have regular contact with the provider.

Is the service safe?

Our findings

People and their relatives told us they felt safe.

During our last comprehensive inspection in July 2017, we found risks to people's personal safety had been identified and assessed. However, plans to minimise these risks were not in place.

During this inspection, we found people's risk were managed in such a way to either reduce or remove these altogether. We reviewed risks assessments related to falls, delivery of personal care, the environment and staff safety. There were plans in place to address each identified risk to keep people and staff safe. Both risk assessments and plans were reviewed to ensure staff had up to date information on how to manage people's risks safely and according to people's needs.

During our last comprehensive inspection, we also found that 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.

During this inspection, we found improvements had been made to how people's medicines were managed in order for them to receive their medicines safely. Each person had a 'medicines profile' which detailed what medicines they had been prescribed, what these medicines were for and clear guidelines around the administration of each medicine. Where people were prescribed medicines 'as required' to help with certain health conditions, clear guidance was in place for staff to follow. Medication administration records (MARs) showed that people's medicines were managed safely. For example, when staff administered medicines to people, they signed the MAR, recording the fact they had done this and that the person had taken their medicine successfully. Staff had their competence reviewed annually to check they were still managing medicines safely.

Staff had been provided with safeguarding training and understood how to recognise abuse and report allegations and incidents of abuse. Agencies staff notified when they suspected an incident or event that may constitute abuse; included the local authority, CQC and the police. One staff member said, "We are encouraged to always raise concerns. The manager takes all concerns very seriously."

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. Staff told us they had confidence in the registered manager's ability to investigate and respond appropriately to safety concerns. The service had a folder which was a central log for detailing any concerns and there was a system to deal with each one as appropriate. The service could identify areas for improvement and lessons were learnt from each investigation.

The service had safe staff recruitment practices in place. We looked at the recruitment records of three members of staff employed at the Fabeliz. These showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment, these were investigated and a full account of each applicant's employment history was available to ensure suitable staff were employed. The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. Care records detailed when people needed care and support. This had been agreed with people, their families and other health and social care professionals. The registered manager told us they endeavoured to ensure people always received their care call visits and if they were short staffed, the registered manager would ensure the care visit was completed. People we spoke with confirmed they received their support as had been agreed in their contract.

Staff told us they had access to the equipment they needed to prevent and control infection. They said this included a uniform, protective gloves and aprons. This equipment was stored in the agency office so it was easily accessible for staff. Staff had been trained in the prevention and control of infection.

Is the service effective?

Our findings

People said their needs were met and relatives also said the service met people's needs.

Staff had been trained to meet people's care and support needs. Staff received a mixture of in-house training and training from external providers such as the local authority. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, moving and handling, first aid, food hygiene and fire safety. We saw evidence that where staff training was due, they had been booked to attend the next available course. The registered manager told us new staff were required to complete the Care Certificate. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care. All the staff we spoke with told us they had received good levels of training to enable them to do their job effectively. One staff member said, "Training was brilliant. It really prepared me for the role."

The provider told us staff received an induction when they first started working for the service. The registered manager told us staff would be required to read the relevant policies and procedures before they worked any shifts. The registered manager told us new staff were required to complete shadow shifts. These shifts allowed a new member of staff to work alongside an experienced member of staff whilst they were new to their role. The registered manager told us staff competence would be assessed before they could work alone. The staff we spoke with all confirmed they had received a good induction.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they were well supported and they could discuss any issues with the management who were always available.

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. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the MCA and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated a good understanding of the principles of the MCA and they were confident to carry out assessments of people's capacity. Where required, people's capacity to make decisions had been assessed and this was clearly recorded in their care files. Where people lacked capacity, there was evidence that meetings had taken place with their representatives to determine a care plan that was in the person's best interests. Care records also clearly detailed, that where people could provide consent, this had been sought when developing their care plan. Relatives we spoke with informed us that they were consulted in relation to the planning of their relative's care.

Where required, care records included information about any special arrangements for meal times. People who had special dietary requirements had their specific needs clearly detailed in their care plans so staff knew what these were.

The registered manager told us they had guidance from health and social care professionals involved in people's care to help them plan care effectively. This was evidenced in the care files. For example, where people needed specific equipment to support their safe moving and handling, there was evidence of involvement from occupational therapists. Where required, people were supported to arrange and attend appointments with other healthcare professionals, such as a GP or dentist. Health professionals we spoke with provided positive feedback about the service stating staff listened to advice and were proactive in seeking guidance.

Is the service caring?

Our findings

All the people we spoke with provided positive feedback about the caring nature of the staff.

The caring nature of staff, their kindness and compassion, was evident during the conversations we had with them. Staff spoke passionately about their role and the people they supported. One member of staff said, "It is so rewarding to see the positive impact you have on people's lives."

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Care files identified any areas of independence and encouraged staff to promote this. All the staff we spoke with could tell us how they would support people to be as independent as much as possible.

Staff treated people with understanding, kindness, respect and dignity. Staff demonstrated a good understanding of dignity and respect. Staff told us how they would seek consent from people before they commenced any care tasks. They demonstrated how they would ensure people's privacy was always maintained when supporting them with personal care. Staff told us it was very important to listen to people and respect their choices.

It was evident from talking with people that the staff had listened to them and had worked hard to provide the level of support required by people. People told us staff would discuss their care with them and would check if they wanted something to be done differently on any particular day. People told us this made them confident their care needs would be met according to their daily preferences. One person said, "They ask me every day what I would like to wear." Relatives confirmed their family members were given choices by staff.

The registered manager told us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. We were told this was done during the initial assessment prior to a person receiving any care calls and then through regular meetings with the person and their families once their service had commenced. We saw information about personal preferences, and people's likes and dislikes in their care plans.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. There was an up to date equality and diversity policy in place which clearly detailed how the service would treat people and staff equally regardless of personal beliefs or backgrounds.

Is the service responsive?

Our findings

During our last comprehensive inspection of the service in July 2017, we found that although people had care plans in relation to their needs, these were not person centred so did not reflect people's individual needs and preferences?

During this inspection, we found improvements had been made to people's care plans so they reflected their individual needs and preferences. Each person had a care plan to record on, and review, information about their care needs. Care records, which included care plans, were held at the agency office with a copy available in each person's home. The care plans contained a good level of detail about people's individual likes, dislikes and preferences in relation to their care. They contained clear guidelines for staff to follow. For example, on how people, who required a hoist to move, should be supported safely.

There was evidence of people's needs and of care plans being reviewed regularly. It was evident from the care files we looked at that people, their relatives and other health and social care professionals were involved in developing and reviewing their care plan as required. Relatives told us they were invited to participate in reviews and felt their opinions were considered when planning care.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, people's care files contained a list of emergency contacts for staff to notify. Care staff also told us they would be supported by the registered manager to remain longer with people to ensure they were not left alone in the case of an emergency.

The service was equipped to provide end of life care. Training records showed that all the staff working at Fabeliz had received training around end of life care. At the time of the inspection, nobody receiving a service from Fabeliz was in receipt of end of life care.

The service had a process for managing and responding to concerns and complaints. A complaints policy had been developed which clearly detailed the responsibility of the service and how complaints would be responded to. The registered manager demonstrated a good understanding of the complaints policy and procedures and could outline how they would respond to a complaint. Where concerns had been raised, we saw that these had been managed appropriately.

The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had.

Is the service well-led?

Our findings

During our last comprehensive inspection of the service in July 2017, we found there were no formal auditing systems in place to monitor the quality of the service being provided.

During this inspection, we found improvements had been made to ensure the system in place to quality monitor the service was effective. Following our last inspection, the registered manager had introduced a number of systems to monitor the quality of the service being provided. This included audits related to care plans, medicines records, staffing issues such as training and staff competency. The registered manager told us that in addition to these audits, they would carry out a monthly quality check of each member of staffs practice whilst they were supporting people. The registered manager told us they would use this opportunity to assess staff competency in areas such as moving and handling and medicine administration. They would also use this time to speak with people and their relatives and provide them with an opportunity to give feedback about the service they were receiving.

The service had a positive culture which was person centred, open, inclusive and empowering. Throughout our inspection, we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high-quality service was provided; care staff were well supported and managed, and the service promoted in the best possible light.

The registered manager and staff had a good understanding of the principles underpinning providing care in people's own homes. They explained to us their role in managing the personal care provided to people. They said this required an approach from staff that recognised and promoted the fact they were working in people's own homes. Care staff were clear about their roles and responsibilities when doing this

People and relatives spoke positively about the leadership and management of the service. Staff also spoke positively about the leadership and management of the service. The staff described the registered manager as 'being a part of the team' and 'very hands on'. One member of staff said, "The manager is always there to help us. I have no complaints."

The registered manager had a clear contingency plan to manage the service in emergency situations. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.