Firstpoint Homecare Limited

Firstpoint Homecare - Harpenden

Inspection report

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21 October 2016
27 October 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 19, 21 and 27 October 2016. The visit was announced which meant that the registered manager was given 48 hours' notice of the intended inspection. This was to help facilitate the inspection and make sure that people who used the service and staff members were available to talk with us. At our last inspection on 14 November 2014 the service was meeting all the required standards in the areas we looked at. We found that at this inspection the service required improvements.

There was a registered manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. The registered manager was supported by service and assistant service managers responsible for the day-to-day operation of each location where people received care and support.

People told us that staff helped them stay safe, both at home in their home and when out and about in the community. Staff received training for how to safeguard people from abuse and were knowledgeable about the potential risks of abuse and how to report their concerns. Robust recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's needs. People where necessary and appropriate were supported to take their medicines safely and at the right time by trained staff. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People who received support, relatives and health care professionals were positive about the skills, experience and abilities of staff who received training and refresher updates relevant to their roles. Staff supported people to maintain good health and access health and social care services when necessary.

Staff obtained people's agreement to the support provided and always obtained their consent before helping them with personal care. People told us that staff supported them in a kind and caring way that promoted their dignity. We found that staff had developed positive relationships with the people they supported and where were clearly very knowledgeable about their needs and personal circumstances.

People who received support were involved in the planning and regular reviews of the care provided and this was accurately reflected in their individual plans of care. The confidentiality of information held about people's medical and personal histories was securely maintained.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences and routines. People were supported to pursue social interests relevant to their needs. They told us that the registered manager and staff listened to them and responded positively to any concerns they had. People were encouraged to raise

any concerns they had and knew how to make a complaint if the need arose.

People, their relatives, staff and professional stakeholders were all complimentary about the management team and how the service operated. The management team monitored the quality of services and potential risks in order to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some staff knew how to recognise and report potential abuse.

People told us they mostly felt safe with staff who supported them.

There were sufficient numbers of staff deployed to meet the needs of people safely.

Risks were managed safely and effectively.

The recruitment process was robust and pre-employment checks were made.

People's medicines were managed safely. Staff had received training to help ensure people received their medicines safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff felt supported and received some supervision and training. However training may not always have been effective because staff could not always demonstrate they had the skills required to provide effective and safe care.

Not all staff had been provided with training in Mental Capacity Act and did not understand the principles.

People's consent was obtained before care was delivered and when support was provided.

People were supported to maintain their health and well- being.

Where required people were supported to eat a healthy balanced diet that met their needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were not always supported in a kind and compassionate way.

People mostly had consistency of care and staff were familiar with their needs.

People were sometimes involved in the development and reviews of their care.

Care and support was mostly provided in a way that respected and promoted people's dignity.

The confidentiality of people's medical histories and personal information was maintained.

Is the service responsive?

Good

The service was responsive.

People's visits were mostly provided at the expected time.

People's care and support was person centred and was flexible to respond to their changing needs.

Staff had access to information and guidance.

There was a complaints policy in place and compliments too were recorded.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to monitor, identify and manage the quality of the service had not identified or resolved some of the issues we identified during our inspection.

The office systems and processes were well managed and the administration of the service was effective. However feedback from people and their relatives was not always positive.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 19, 21 and 27 October 2016 by one Inspector. The inspection was announced which meant the registered provider was given 48 hours' notice. This was to help facilitate the inspection and make sure that people who used the service and staff members were available to talk with us.
Before the inspection, the provider was also required to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

First point Harpenden care provides care and support to people living within their own homes. During the inspection we spoke with six people who used the service, two relatives, six staff members, the manager. We looked at care plans relating to four people who used the service, two staff files and other information relating to the overall monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt the care they received was safe and staff met their needs safely. One person told us, "I feel safe with the care staff who support me." A relative also confirmed that staff kept their family member safe.
Staff received training in how to protect people from potential harm and they were aware of how to report any concerns internally and externally. We saw there were safeguarding posters and contact numbers for local safeguarding authorities were displayed in the office. This meant that staff had access to information. However two staff members out of the six we spoke with had some difficulty explaining what abuse was despite confirming they had received training. English was not their first language and both said they did understand safeguarding but could not find the words to describe it to us. This was an area of concern to us because if they could not explain to us, they may also have problems reporting any potential concerns and this may have posed a risk to people who used the service.

People and their relatives told us they thought there were enough staff to meet people`s needs at all times. One person told us, "Occasionally the care staff arrives late but this is because of traffic". Another person told us, "I think there are enough staff but they don't get enough time allowed for the travelling". Another person told us, "We have two carers and they usually arrive at the same time and leave at the same time". They went on to say, "They do the moving together, because we have a hoist and then one gets on with the paperwork while the second one finishes the care and makes (relative) comfortable".

Staff told us they felt there was enough staff employed at the service but two staff members did say that they were only allocated five minutes to travel in between visits which they said was not enough especially at peak times when traffic was heavy. One staff member told us, "I always feel rushed and feel like I have to shave a few minutes off each visit which I don't think is right". We saw that staff rotas were planned in advance and the ones we reviewed confirmed that all visits were covered, with five minutes travelling time between visits. We saw that visits were grouped into a geographical area to reduce travel time. Three people we spoke with told us that the care workers often arrived late and that they felt staff had to rush from one visit to the next. People were aware from staff that they only had five minutes travelling time in between visits and thought this was not enough given the amount of traffic on the roads and the fact that care staff were usually travelling during morning and evening 'rush hours'.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable to work in the care sector and for the roles they were employed to do. Staff told us they had been through a robust recruitment process with pre-employment checks including the taking up of references and a criminal records check. Recruitment files reviewed confirmed this to be the case.
Risks to people`s health and well-being were assessed and these were kept under regular review to help make sure that where possible risks were mitigated to keep people safe. For example, there were risk assessments in place for moving and handling and use of equipment. Copies of care plans and risk assessments were kept in people's homes so that staff were able to access current information to help them manage the risks appropriately.

People told us staff assisted them to take their medicines safely. Staff confirmed they had been trained in the safe administration of medicines and had regular competency checks to help ensure they continued to work in a way that supported good practice. One relative told us, "Yes the care staff do give (relative) medicines and complete the paperwork". Staff spoken with confirmed they supported people with their medicines and completed the medicine administration records (MAR). The field supervisor undertook spot checks which included checking that the MAR charts had been completed correctly.

Requires Improvement

Is the service effective?

Our findings

People told us that most of the staff had the necessary skills and experience and were trained to meet their care needs. One person told us, "The carers seem to know what they are doing when they support me. I know they have some training but not sure what it is". Another person said, "I am sure they have training, my problem is that I cannot always understand them because their English is not so good".

Staff we spoke with told us they had received training relevant to their role. One staff member said, "I enjoyed the training and felt it was relevant to my role, my induction covered all the basic training". They went on to say they had completed moving and handling, food hygiene and fire safety training. After some prompting they confirmed they had received training in safeguarding people from abuse but could not clearly explain what this meant in their field of work. In addition two staff could not explain what mental capacity assessments were or how it related to people they supported. Staff told us they had heard about MCA but could not remember what it meant.

We saw that specialist training was available to staff if they were interested in developing their career and experience. For example dementia training had been provided to some of the staff. However one staff member told us that the training was not always effective in supporting them to provide effective and safe support for people in their care. For example they told us they had been assigned to support a person who required specialist support and they had not been given training to undertake a particular task. The person's relative had supported them and they were able to video the task being completed so they could perform it with the relative observing to help ensure it was completed safely. However this would not support good practice and the staff member should have had their competency in completing that particular task observed by a manager to make sure they were competent to undertake the task.

We received mixed feedback from staff about the levels and type of support they received. Two of the six staff spoken with told us they had not had one to one meetings with their manager. Three of the six staff were not sure who their line manager was. Another staff member told us, "I am a non- driver so do not have supervision". Two staff told us they were aware of team meetings and told us a meeting was being held next week. However one staff member said, "I can't always attend but have never been given minutes to any previous meetings so could not say if information was communicated to all staff". Staff had different experiences in respect of support received and this meant that support was inconsistent and not all staff felt supported by the management.

The registered manager told us that the field care supervisor undertook spot checks in people's homes to check that staff had arrived on time were wearing their ID badge and were observed to be competent in the delivery of care. However three of the staff we spoke with said that they had not had a spot check at people's home. This meant that there were inconsistencies in the checking of staff competencies.

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 spoke to the manager and staff to check that they had an understanding of the MCA provision. The registered manger demonstrated they understood. However not all of the staff understood the principles and in particular about ensuring consent was always sought and that everybody regardless of whether they have capacity can still make decisions and has choices they can make.

People told us that staff sought their consent prior to support being given, and that staff explained how they were going to assist them with a specific task. One person told us, "Staff always asks before they do something and talk through what they are doing." A second person said, "They [Staff] do give me an opportunity to decline for example if I was not feeling too good, they would offer an alternative or compromise". Staff spoken with mostly understood what obtaining consent meant and how they respected people's right to refuse care. However one staff member did not understand what consent meant and told us, "I would just ask the relatives for consent." which is not in line with the principles of the MCA. A second staff member could not remember what MCA meant and how it related to their work.

People told us they enjoyed the food the staff prepared for them. However most of the people we spoke with told us their food was mainly prepared by family members or that they had meals on wheels delivered to them. Staff told us that if they were concerned about people's nutritional intake or weight loss/gain they would refer to the office staff so that appropriate action could be taken to escalate the concerns.
We saw that appropriate referrals were made to health and social care professionals when needed and there was regular contact with, and visits from, the local mental health team, GP, dieticians, chiropodists and opticians. One person told us, "They always get the GP in when I need it. They are so good; they know what they are doing."

Requires Improvement

Is the service caring?

Our findings

People told us that staff were kind and caring to them. One person said, "I am very happy with the care I receive from the staff". A second person told us, "I so look forward to them coming, in particular (name) as we have a good chat and a laugh, we have so much in common because they come from a (country) where I lived for a number of years". However a third person said, "They are good when they get here but they are often rushed because they are running late. I am grateful for their help and understand the traffic is so bad everywhere but it does put them under pressure". A person's relative told us "We need their help, but I have to say some are better and more caring than others". They went on to say that some spoke and engaged with them while others did not.

People told us that they mostly had consistency of care but at weekends in particular things changed and they often had care staff they were not so familiar with. One person told us, "They do usually send at least one who knows the routine otherwise it can be quite a challenge to go through the routine with them".

One person told us that they had recently had a missed visit and had called the office to enquire as to when the care worker was coming. Later in the day they called the office again to say the care worker had not arrived and the person told us the person in the office was, "Not very helpful and was somewhat dismissive". The impact of the care worker not arriving meant that the person struggled to get something to eat and drink and could not attend to their own personal care including getting dressed so just had to make do with what they could manage without the assistance.

Another person told us, "During a recent visit an issue occurred whereby the person being assisted had an accident which required intervention by the Ambulance service, although the person did not sustain an injury the incident would have been distressing for the person concerned. Yet when the care staff arrived the following day they did not even mention the incident from the previous day. Also when I spoke to a member of office staff they also did not mention the incident". They went on to say, "I was surprised; you would expect this to be common courtesy but not a mention". Staff told us they tried to build positive and meaningful relationships with the people they supported and their families which helped them to become familiar with each person's routine and preferences.

Some people we spoke with told us that they had developed good relationships with their care staff. However, one person told us, "They keep changing the staff so I don't get a chance to get to know them very well". We found that staff spoken with had a varied knowledge of the people they cared for. Most were able to describe the type of support they provided to people and appeared to have genuine interest in the wellbeing of the people who used the service. Whereas other staff didn't demonstrate understanding and knowledge of people's care and support needs or what was important to them as individuals.

Office staff told us that people were involved in the development and review of their care plans, however this was not always demonstrated through recording, or from feedback obtained from people.

People were treated with dignity and respect. They told us that staff promoted their dignity when they

provided personal care and were mindful of people's privacy when relatives or family members were around. Staff knew the importance of promoting people's dignity and privacy and gave us examples of how they would ensure people's privacy and dignity was maintained. For example, one staff member told us, "I would always cover them with a towel while assisting with personal care and make sure curtains and the door are closed."

Good

Is the service responsive?

Our findings

People mostly received care that reflected their needs and their preferences on how they would like to receive care. People had their needs assessed and care plans were developed and reviewed. People told us that they usually received their care at the expected times and found the service to be responsive to their changing needs. For example, one person told us that when they needed to attend a hospital appointment on a couple of occasions they required an earlier visit to assist them to get ready and the staff had arranged this for them. Another person told us when they were not well on an occasion their care worker stayed on a bit longer to make sure they were ok.

The registered manager told us that they had enough staff to be able to offer a flexible service. If people's need changed for example if they required an increase in service provision either with the number of visits they received or the duration of the visit they would always try to accommodate this request. Staff also told us that if they observed a deterioration or change in the needs of the people they supported this would be reported to the office so that appropriate action could be taken. For example if a person needed equipment the care coordinator would make a referral to an occupational therapist for an assessment to establish how that persons needs could best be met

People gave us mixed feedback when asked if they felt the service provided met all their needs. One person said, "My visit times vary so sometimes I am kept waiting." Another person said, "They do their best I know they can't always be on the dot". The registered manager told us that when they were asked to take on a new care package they always checked to see if they had the required time slots available and offered them as close as possible to what was required. People were able to request a change to the time and the staff would do their best to accommodate their request.

A person who used the service we spoke with told us that care staff were not consistent or accurate in the way they recorded what had been undertaken during the visit. People had daily visit log notes where care staff recorded key points in the folder. This provided an on-going record of support provided to the person. However people told us this was not always accurate and that on several occasion the relatives of people who were being supported had asked to correct the record to reflect what had actually been completed during the visit and if there were any specific concerns or incidents which staff needed to be aware of.

The manager told us they received an initial assessment from commissioners; however they still visited people to discuss their needs, things that were important to them, their preferences and the outcomes that they would like to achieve in the care and support they received. People were supported to pursue social interests relevant to their needs where appropriate. Care plans were developed from the information obtained. We found that the format of the care plans made it easy to understand people's needs and the type of support they required. Staff reviewed people's care plans regularly, and made changes where necessary. This process helped to ensure that as far as possible staff had access to up to date information about the needs and wishes of the people they supported.

People told us that they had been involved in a discussion about their care needs. One person told us, "My

care plan gets discussed every so often, I could not tell you how often, a person from the office visits and we talk about everything to see if it's all going well."

The provider supported people to share their experience of the service. People provided their feedback through the provider's annual survey. They provided additional opportunities to give feedback about the care that they received. The provider told us that they did this through the annual reviews of people's care and service delivery telephone calls and spot checks where they rang or visited people that used the service to check they were happy with the service they received. One person told us, "I filled in a questionnaire a long while ago". We saw that an action plan was put in place to address any shortfalls identified as a result of the feedback. For example in relation to the punctuality of staff, visits grouped geographically to reduce travel and the ability of people to contact relevant staff, and how calls are answered and directed.

The provider had a complaints and compliments policy in place which people received when they started to use the service. People who used the service told us that they were able to raise any concerns with the office staff. We saw that complaints were investigated and responded to. However one complaint which we reviewed was on-going and the person told us it had not been concluded to their satisfaction. We discussed this with the manager who told us they understood it had been concluded satisfactorily and would revisit the information to try and resolve any outstanding issues.

Requires Improvement

Is the service well-led?

Our findings

People had mixed views about whether the service was well led. For example most people we spoke with did not know who the registered manager was. People told us that if they called the office they were put through to several different people. However all the people and relatives we spoke with did appreciate the support they received and liked most of the care staff who supported them.

The provider had quality assurance systems to support them in assessing and monitoring the quality of the service. We saw that action plans were in place to address any shortfalls identified through feedback. However during the course of our inspection people told us that they did not feel the office staff always fully understood the impact of doing certain things. For example three of the six people we spoke to told us that, "Whoever arranges the visits does not leave enough time for staff to get to their next call so they are rushed".

One person said that the notes were often not accurate and care staff recorded tasks that had not been completed. For example one person told us their relatives notes had been completed to say they had been assisted with personal care and a wash. But in fact the relative told us they had not had personal care and had only been assisted to change their clothes. However we found that the sample of spot checks that we reviewed at the office did not identify this as being an issue. We also received feedback from a person who told us. "The care workers sometimes speak to me in an unacceptable way when I ask them a question they are brisk when they respond". Again this had not been identified as part of the internal monitoring systems. We spoke with the registered manager to give feedback about some of the issues people raised; they agreed to look into the effectiveness of the quality monitoring systems.

The registered manager told us that people who used the service were contacted monthly to check if they were happy with the quality of the service they received. However the people we spoke with said they did not always received quality monitoring phone calls regularly.

Staff did not always feel they had the correct support from the management team and had different experiences in relation to the support they received. Also some were unable to demonstrate they had the necessary skills to support people, and were unaware of whether they had their competencies checked to make sure their approach supported good practice. Staff told us that team meetings were about the management dealing with administrative topics about and they did not always feel they had much opportunity to contribute. Staff felt that although the management were open and transparent they told us that communication was not always effective.

Records in the office were well maintained and we saw that the systems and process in place to manage completion and review of administrative systems were effective. The provider had an effective out of hour's system and when the office was closed the telephones were diverted to a mobile phone. If people had to contact the service because for example their care worker had not arrived they could call the usual number and get through to the on call person who could access relevant information to enable them to deal with enquiries.