

Firstpoint Homecare Limited

Firstpoint Homecare - Worcestershire

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

We undertook an announced inspection on 27 April 2016.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes. At the time of our inspection eight people received support with personal care.

There was a manager in post who was applying with us to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People said they were well supported by the staff. They told us staff were caring and treated them with dignity and respect. People were supported to eat and drink well, when identified as part of their care planning. People told us staff would access health professionals as soon as they were needed.

Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were supported to receive their medicines by staff that were trained and knew about the risks associated with them. Staff knew people well, and took people's preferences into account and respected them. The management team were adaptable to changes in people's needs.

Staff had up to date knowledge and training to support people. Staff always ensured people gave their consent to the support they received. The manager was reviewing how they ensured they supported people with decisions within the legal requirements. There were no applications to the court of protection to deprive people of their liberty.

People knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and appropriate action taken. Staff were involved in regular meetings, training and one to one's to share their views and concerns about the quality of the service. People and staff said the management team were accessible and supportive to them.

The management team monitored the quality of the service in an inclusive way. The management team had systems in place to identify improvements and were completing the necessary actions to drive up

improvements.

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

People benefitted from support received from regular staff that knew their needs and managed their identified risks. People were supported with their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

People were supported by staff who were knowledgeable about how to support people. People received support from staff that respected people's rights to make their own decisions, where possible. People were supported to access health care when they needed to.

Is the service caring?

Good ●

The service was caring

People benefitted from caring, knowledgeable staff who provided support in an inclusive way. Staff respected peoples' dignity and spent time with people they supported.

Is the service responsive?

Good ●

The service was responsive

People were involved in their care and support, which was regularly reviewed. People were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People were supported by the management team who had identified areas for improvement. The culture of the service was to listen and include people who used the service and staff.

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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 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.

This was an announced inspection which took place on 27 April 2016 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We spoke with four people who used the service. We spoke with three care staff, the manager and the training manager.

We looked at the care records for three people including medicine records, three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with said they felt safe because they had support from regular staff who knew them well. One person said about the staff, "They are all lovely, and work really well as a team." Another person told us, "I feel safe; because they (staff) are there to guide me when I need them."

The manager explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated. This was also discussed in team meetings to support their knowledge.

People told us they had been assessed and discussed their care needs when they started with the service. This included identified risks to their safety and welfare, for example supporting with administering medicines, and supporting them to mobilise. Staff gave examples of how they managed risks to people while maintaining people's independence as much as possible. For example, one person used a specialised piece of equipment, there was clear guidance on their care plan and risks had been assessed. Staff we spoke with explained they had received training to use this piece of equipment and were aware of any potential risks. We spoke with the person and they told us that any new staff always went with a regular staff member to ensure they were confident when using this piece of equipment. Staff we spoke with said they read people's care plans and looked at their daily notes so they were aware of what support the person needed and what support people received. One member of staff said, "I always read the daily notes to check anything I need to be aware of before I do anything else." Staff were aware of how to manage people's risks and how they were reflected in the risk assessments for each person.

People told us that staff arrived usually when they were meant to. If staff were delayed then someone from the office would contact them to let them know about the delay. People we spoke with said this had not always reliably happened, however there had been improvements recently. Staff and the manager said they had enough staff to meet the needs of people using the service.

People told us they received support from regular staff who knew them well. They explained when new staff were introduced to them they were always with a regular member of staff who would guide the new member of staff to ensure they were supported safely. People said that staff worked well as a team and shared the different tasks between them. A member of staff said, "We always take new staff out with us to introduce them and show them what needs to be done." Staff told us they had regular calls and they provided continuity of care. They explained how important it was to people that they knew the staff coming to their home.

We saw records of checks completed by the provider to ensure staff were suitable to support people before they started work at the service. Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The provider checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps

records of criminal convictions. This information supported the provider to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Some people we spoke with told us they needed support with their medicines. One person explained how staff supported them with their medicines and always waited until they had taken all their medicines. All the people we spoke with who had support with their medicines were confident that they had their correct medicine at the right times. We saw people's plans guided staff in how to support people with their medicines. Staff told us that these plans were updated when needed and they were aware of any changes. Staff said they had received training about administering medicines and their competency was assessed. Staff told us they felt confident when administering medicines to people. Some people managed their own medicines. We saw that this was reviewed regularly to ensure people were supported when needed.

The manager explained how they regularly reviewed people's medicine records to ensure that they were completed correctly. They had identified that some staff did not always complete the records as they should and were taking action with staff to improve this. All the staff we spoke with explained what action they would take if there was a gap in the medicine records. One member of staff said the record keeping had improved recently. We looked at the medicine records for three people and we saw that any gaps had been identified by the manager and actioned with the staff member.

Is the service effective?

Our findings

People we spoke with said staff were knowledgeable about how to support their needs and were confident about the care provided. One person told us about staff, "They are really good, they know what they are doing. I always feel confident when they help me." Two people explained that new staff were supported by existing staff which gave them confidence in how their care was delivered.

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing with experienced staff. Staff said they were confident they had the skills and knowledge support for people using the service. Staff explained they felt well prepared and had received training in all areas of care delivery. They were encouraged to complete training to improve their skills on a regular basis. One member of staff explained that any additional training they felt they needed could be requested and the manager would arrange for them. For example, they had requested dementia specific training and the manager had arranged this for them. Staff told us they felt well supported and had regular supervisions.

The manager and the training manager explained how they monitored staff training. The training manager regularly completed spot checks so they could ensure staff understood and put into practice their training. One member of staff explained that they found the spot checks useful as they felt it helped them remain focussed and their good care practice recognised. The training manager acknowledged that staff needed additional training on the Mental Capacity Act 2005 (MCA) and was in the process of arranging this for all staff.

The 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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

People told us staff always asked before they supported them. One person told us about staff, "They always explain what they are going to do before they do it and check that I am ok with it." Staff we spoke with explained they were aware of a person's right to say no to their support. They had an understanding of the MCA, and had received some training about this in their induction and mandatory updates. Staff told us they always ensured people consented to their care. The manager had an understanding of the MCA and was aware of their responsibility to ensure decisions were made within this legislation. They explained that they were reviewing how they checked who could make decisions on people's behalf, and how they recorded this to guide staff. They had implemented new paper work for new people using the service to ensure they complied. They were in the process of reviewing existing care plans to ensure guidance was clear for staff

and within the legislation. However staff were aware of who needed support with decisions and were using best interest decisions in the interim.

The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

Some people we spoke had help with shopping, cooking and meal preparation as part of their care needs. They told us they were offered choice and encouraged to maintain a healthy diet. One person told us, "I write my menu so (staff) are clear what I want, but they always check anyway." One member of staff explained how they always promoted healthy choices and listened to what the person chose every day. They said they showed people the different choices so the person could make an informed decision. Staff we spoke with were aware of what level of support each person needed.

People told us they received support with their all aspects of their health care when they needed it. One person said, "They will call my GP if I want them to or arrange the nurses to call in." Staff had involved other health agencies as they were needed in response to the person's needs. Staff we spoke with said they had regular contact with the doctors and district nurses. One staff member said that the district nurses really trusted them and when they called they would always visit as soon as possible. We saw each person had their health care needs documented, and staff could describe how they met those needs.

Is the service caring?

Our findings

People and relatives were very positive about the staff that supported them. One person said about the staff, "They are all extremely good." Another person told us, "I am happy with all the carer's (staff)." A further person explained how staff were like family and they always, "Had a bit of a giggle," with them.

People said they were happy with the support they received. The management team told us they always checked to see if the people receiving the service were happy with the support from staff. The manager understood that people needed to build relationships with staff and always ensured that one regular member of staff was involved with the care delivery.

People said staff supported them to make their own decisions about their daily lives. One person told us, "They listen to me and do what I want them to." Another person explained that staff always checked that there wasn't anything else they needed help with before they left. People told us that staff went above and beyond what they were expected to do. For example, one person told us, "If we run over time they (staff) never rush me, we just carry on until we have finished."

People told us they received support from regular staff who knew them and their needs well. One person explained how staff always remembered the little things that made their life easier. This reassured people that staff knew their needs and were familiar to them. People benefited from regular staff that really knew them well. Staff told us they had the time to provide the support people needed.

People said staff respected their dignity and treated them with respect. One person told us, "They always tell me what they are going to do, they are so gentle and kind, I am confident with them." Another person said, "They take the time with me so I am able to do what I can myself." Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and support people to have as much choice as possible. One staff member said about people using the service, "It is important to me that I do everything they need and listen to them. We always have a laugh and a chat. My regulars are like members of my family."

Is the service responsive?

Our findings

People we spoke with said they were involved in decisions about their care. One person said, "I can rearrange my times if I need to, sometimes I need to get sorted earlier." People we spoke with said staff understood their needs and provided the support they needed.

Staff knew about each person's needs, they said they knew people really well and right from the beginning they were given all the information they needed to support people. They could describe what care people needed and we saw this was reflected in people's care plans. For example, one person liked their drinks left in a certain way. Staff were aware and the person confirmed that staff always do this. We looked at care records and could see people's likes and dislikes were recorded for staff to be aware of. For example, one person liked a particular breakfast routine. Staff we spoke with were aware of the routine and we saw this reflected in the person's care plan. People we spoke with confirmed that their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. There were clear plans in place and staff could describe how they supported people.

Staff told us that communication was very important and they were always kept up to date with any changes in the support people needed. Staff explained that they regularly call each other to update them with any new concerns or changes. Staff told us they communicated really well with each other and always had a handover if they had time off. Staff also told us that plans were updated quickly if there were any changes. People told us although they could not always speak with the manager they could contact the office at any time and their messages usually were passed on. The manager explained that they were to be based at the Worcestershire office on a more regular basis, to encourage better communication for staff and people using the service.

People we spoke with said they were supported by regular staff who always spent the correct amount of time with them. People told us they received support that was flexible to their needs. One person said that when there had been changes needed to how they were supported; these were put into place as soon as possible. Staff told us they were flexible with how they supported people using the service. For example, one staff member explained they worked with a person who had become unwell. The staff member had spoken with the manager, relatives and the person, and agreed how they support that person in the short term. This had been shared with the team supporting that person.

People we spoke with told us they had regular reviews of the care they received. People felt able to say if anything around the support they received needed changing or could be improved. One person said, "They ask me if I am happy with everything and I always say I wouldn't change a thing." All the people we spoke said there had been improvements with communication and they were happy with the service they received.

People said they were asked to share their views about their experience of the service with regular calls from the management team. One person explained that when they had told the manager they were not happy with one member of staff, the manager had taken action straight away and they had not seen that staff

member again. The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "I am happy to speak to any (staff) if I had any concerns, but I don't have any." Another person told us, "If I wasn't happy I would speak to the office." People explained they were confident to discuss any concerns about all aspects of their care provision with the management team. The manager actioned any concerns raised appropriately. For example, we saw that one complaint raised had been investigated and a meeting arranged involving the person using the service and their family. We saw that a resolution was agreed. There were clear arrangements in place for recording complaints and any actions taken.

Is the service well-led?

Our findings

The manager had been in post as the manager for a month because the registered manager had left the service. They were applying for their registration with us. The manager had been involved with the service for a period of time in another role so knew some of the staff and some of the people using the service. The training manager and the manager had completed regular spot checks on how staff supported people and had met with the people using the service.

People who used the service said the service was well managed. One person said, "They are well managed, the best I've ever known." They said they could speak with the management team and they would take the appropriate action. One person told us that they had not always been informed by office staff when staff were running behind schedule. However all the people we spoke with said this had improved and they were now contacted as they should be when staff were delayed.

We saw the culture of the service was open and the manager displayed a willingness to listen to staff views and seek feedback from people using the service. We saw that questionnaires had been sent out to people recently, however they had not been returned at the time of our inspection.

The manager had identified areas for improvement and was in the process of implementing the improvements. For example, they had identified the need to improve staff practice with the completion of medicine records. These were reviewed regularly and action taken if they were not completed correctly. Staff we spoke with were aware of the concerns and what action they needed to take if they saw medicine records were not completed correctly. People we spoke with all said they received their medicines as prescribed. The manager was also reviewing how medicine records were updated during the month if people had a change in medication. They had identified that some staff had not been trained appropriately to update medicine records. The manager had put in place, those staff who were up to date with their training, could update medicine records in the short term. However the training manager would update the records for those that were awaiting their training. This was to ensure medicines were transcribed safely and people received their medicines in a safe way.

The manager had also identified that staff needed support available from the manager to ensure there was effective communication. The manager had ensured that they were based in the local office so staff could drop in easily and discuss any concerns and pick up any equipment they needed. Staff said communication had improved and they felt more supported by the management team. Staff also told us that their out of hours support was not always as supportive as they would wish. The manager said that improvements had been made by the training manager and the manager being available for the out of hours to call for support when needed on a rota basis. Staff said the support had improved recently.

The management team had identified that they were not consistently ensuring the correct people were identified to make decisions for people that needed support with some decisions. They had updated their assessment process and reviewing existing people using the service to ensure they complied with the relevant legislation and staff had clear guidance and were trained appropriately.

Staff said they were supported by the management team. One member of staff said about the manager team, "I always call them for guidance when I need it, they always will listen and help me." Another member of staff said, "It works well, we really communicate with each other we are a good team." A further member of staff explained how things were improving, for example better access to the manager. They went on to say they had been included in discussions about how to improve how their visits were scheduled to ensure they had enough time to travel between each visit.

Staff explained how they reported accidents and incidents. We saw that there was documentation available for staff to complete. The manager investigated the accidents to ensure any actions that were needed were made in a timely way. The manager explained how they reviewed these incidents and took action when they needed to. For example, staff told us about one person who had an incident and there was a review by their GP arranged.