

Firstpoint Homecare Limited

Firstpoint Homecare Coventry

Inspection report

West Midlands Fire Service
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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

About the service: Firstpoint Homecare Coventry provides personal care to adults living in their own homes. At the time of the inspection, 122 people were using the service who needed assistance with their personal care.

People's experience of using this service: People told us they received a good service and felt safe. Accidents and incidents were recorded and analysed, and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

People and family members told us staff were usually on time and they generally saw the same regular staff. The provider had an effective recruitment and selection procedure in place, and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People's needs were assessed before they started using the service. Support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered

The service was responsive to people's changing needs and people were supported to access the local community.

The provider had a complaints procedure in place, and people were aware of how to make a complaint. An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

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

Rating at last inspection: At the last inspection the service was rated Good (August 2016).

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service improved to Good.

Details are in our Well-led findings below.

Firstpoint Homecare Coventry

Detailed findings

Background to this inspection

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

Inspection team: One inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Firstpoint Homecare Coventry is a domiciliary care agency. It provides personal care to adults living in their own homes.

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

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is a care agency. We needed to be sure someone would be available to speak with and show us records. Inspection site visit activity started and ended on 19 March 2019. We visited the office location on this date to speak with the manager and office staff; and to review care records and policies and procedures. We also carried out phone calls to people and their family members on this date.

What we did: Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social

care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection: During inspection we spoke with six people who used the service and four family members. We spoke with the registered manager, branch manager and four care staff. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place. The registered manager understood their responsibilities with regards to safeguarding people and staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe using the service. Comments included, "I feel safe and am perfectly happy with the regular ones [staff] who come" and "I feel safe with [staff member]".
- Accidents and incidents were recorded electronically and analysed by senior management. Follow up actions, including any lessons learned, were documented.
- Risks were well managed. Risk assessments were in place for people, which described potential risks and the safeguards in place to reduce the risk. Records were up to date.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.
- People and family members told us staff were usually on time. They told us they generally saw the same regular staff but it could vary at weekends, or when staff were on holiday or absent through illness.
- Staff told us, "They [management] try to keep it so clients see the same, small number of staff", "People always know who is coming" and "We cover absences among ourselves. Sometimes we have to visit someone we don't usually see."
- The branch manager told us, "This company's strength is the continuity of care. No-one has ever rung up to complain."

Using medicines safely

- Appropriate arrangements were in place for the safe administration of medicines.
- Medicines records were audited regularly and staff were appropriately trained.

Preventing and controlling infection

- Regular spot checks were carried out to ensure staff were following the provider's policies and procedures correctly.
- People told us staff wore gloves and aprons whilst carrying out personal care to minimise the risk of infection.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service and continually evaluated to develop support plans.

Staff support: induction, training, skills and experience

- People and family members told us they thought staff were appropriately trained and skilled. Comments included, "They [staff] have the right skills to look after [name] and know them so well they can read their expressions" and "I think they [staff] are well trained. They do everything we need."
- Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager.
- Staff training was up to date. A staff member told us, "We are encouraged to let them [management] know if we need additional training. They are very approachable."
- New staff completed an induction to the service, which included the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.
- A staff member told us, "You shadow experienced staff first. There's an option to extend if you feel you need more."

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

- Staff supported some people with their dietary needs. Records described the support people required with meal preparation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to attend appointments when necessary.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- People had signed records to say they agreed with their care and support.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and family members told us staff were kind and considerate. Comments included, "The staff are polite and respectful, I hear them talking to [name] and I hear [name] chatting back to them. I believe they are kind and gentle with [name]" and "They are always polite and caring and will have a chat if time allows."
- A staff member told us, "I love it. It's challenging but very, very rewarding. It's nice to go home, knowing you've made a difference."
- People's religious and spiritual needs were recorded. One person had specific needs in this area and their support plans recorded these needs.

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

- People's preferences and choices were clearly documented in their care records. For example, how they wanted staff to enter their home and introduce themselves, preference for male or female staff, and preferred meals and drinks.
- A staff member told us, "We respect their [people's] choices for male or female staff."

Respecting and promoting people's privacy, dignity and independence

- People and family members told us staff respected people's privacy and promoted dignity. Comments included, "They [staff] look after [relative] very well and make sure that [name] is covered when being moved around in the hoist. They shut the bedroom door and keep things private" and "They [staff] treat me with dignity and respect, they don't rush me. We have got to know each other."
- Care records described how staff supported people to be independent and people were encouraged to care for themselves where possible. For example, "I require the carer to prompt me to brush my teeth which I am able to do myself" and "I am able to transfer independently."
- A family member told us, "They [staff] make sure they let [name] keep as much independence as they can for themselves."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were regularly reviewed and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. People and family members told us they were involved in planning their care and support.
- Records provided detailed information about each call visit and the outcomes to be achieved. For example, ensuring personal care needs were met, prompting people to use the toilet and ensuring people had enough to eat and drink to reduce the risk of dehydration and malnutrition.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.
- For example, one person had specific communication needs and staff were to ensure their hearing aid was in place, their glasses were clean and being worn, and to communicate with the person with open ended questions and prompt for answers.
- Some of the people using the service at the time of the inspection were supported to access the local community. For example, attend day centres and carry out activities such as shopping.
- The service was responsive to people's changing needs. For example, to change or cancel visits at short notice. A family member told us, "We usually have four visits a day, but I sometimes cancel the lunch time one as it depends on how [relative] is that day. The company seem to be okay with this."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Systems were in place to ensure complaints were acknowledged, investigated and responded to.
- People and family members told us they did not have any complaints to make but were aware of how to make a complaint.

End of life care and support

- The provider had an end of life policy. None of the people using the service at time of our inspection were receiving support with end of life care needs.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and family members told us the service was well-led. Comments included, "I speak to [branch manager] if I want anything. [Branch manager] is really good. [Branch manager] says they will do something, and they do", "I absolutely would recommend the company" and "I am quite happy with them, they do their job."

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

- Regular audits were carried out to ensure the quality of the service. These included care records, medicines and spot checks of staff.
- The registered manager and staff understood their roles and responsibilities.
- The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

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

- Annual questionnaires were sent to people and family members so they could feed back on the quality of the service. Feedback was also obtained via telephone reviews.
- Staff meetings were held every three months. Staff told us they received plenty of support and the management team were approachable. Comments included, "[Branch manager] has made a big difference since they arrived", "There's always someone to contact at the office. You can call anytime" and "We can call them [management] if we have any concerns. You can call them and talk to them."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they would shortly be introducing an electronic care management system that was in use in some of the provider's other services. They told us this would improve auditing.
- The service worked closely with the local fire and rescue service, referring people, with their permission, for fire safety advice and smoke alarms.
- Nurses from a local university hospital had carried out training to staff on how to support people with a percutaneous endoscopic gastrostomy (PEG). A PEG is used when people are unable to swallow or eat enough.