

First Point 24 Ltd

# First Point 24

## Inspection report

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11 September 2023

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

First Point 24 is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 68 people receiving personal care support.

### People's experience of using this service and what we found

#### Right Support

The provider had not always ensured people were supported to make decisions about the timing of their care visits. People's preferences for their support were not always recorded.

People were supported to take their medicines by trained staff; however, staff did not always have clear guidance about what support people required or any risks associated with their medicines.

#### Right Care

The provider had not always completed recruitment checks robustly to ensure staff were safely employed. Staff understood how to protect people from poor care and abuse. However, the provider not always submitted safeguarding notifications in a timely manner.

Risks to people's health and safety were not always appropriately documented to ensure staff knew how to support them safely.

People spoke positively about their care and told us their care visits were not rushed.

#### Right Culture

The provider did not have effective systems in place to monitor the quality and safety of the service. It was not always clear how people, and those important to them, were actively involved in reviewing their care and giving feedback on the service.

The provider worked in partnership with other health and social care professionals to meet people's needs. People, and those important to them, told us the management team were approachable and responsive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 17 October 2019).

### Why we inspected

We received concerns in relation to the management of safeguarding concerns at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for First Point 24 on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to the provider's governance and recruitment processes at this inspection. Please see the action we have told the provider to take at the end of this report. We have made a recommendation about the provider's systems for managing safeguarding concerns.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# First Point 24

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 September 2023 and ended on 11 September 2023. We visited the location's office on 1 September 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 4 relatives about their experience of the care provided. We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 7 care staff and 2 health professionals who have had contact with the service.

We reviewed a range of records. This included 6 people's care records, 4 staff files in relation to recruitment and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider had processes in place to check staff were safely recruited. However, not all checks had been carried out robustly. For example, we found staff did not always have a full employment history listed and references were not always dated or verified. This meant it was not always clear whether an applicant's conduct in their previous care roles had been checked appropriately.

The provider's recruitment procedures were not robust. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider responded promptly to confirm they were completing an audit of all staff files to ensure the relevant information was recorded.
- People and relatives told us there were enough staff available and care visits were not rushed. However, we received some mixed feedback about the timing of people's visits and whether this reflected their preferences. Comments included, "They come regularly but sometimes the lunch and afternoon visits are close together, so I haven't digested my lunch before it's teatime" and "The evening visit is early. I am not ready to go to sleep that early."
- People's care plans did not always detail what their preferences were for the timing of their care visits. Following our feedback, the provider told us they would speak to people and update the care plans to ensure this information was clearly recorded.
- People and relatives told us staff generally understood how they liked to be supported. If there were any issues with particular staff or concerns with a lack of regular staff, they were able to raise these concerns with the provider.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider was aware of their responsibility to notify the local authority and CQC of any safeguarding concerns and kept a record of notifications raised and action taken. However, we found the provider had not always ensured all notifications had been submitted to CQC in a timely manner.

We recommend the provider reviews their processes for managing safeguarding concerns to ensure relevant notifications are submitted promptly.

- Staff had received safeguarding training and understood how to respond appropriately. Staff told us they would report any concerns to their line manager straightaway and escalate these concerns to the relevant authorities if appropriate action was not taken.

- The provider had shared lessons learnt from incidents and accidents with staff during team meetings and highlighted areas of improvement to minimise the risk of a reoccurrence.

#### Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed. However, risk assessments did not always provide sufficient detail about people's medical conditions, their impact on the person or the associated risks. This meant staff may not have adequate guidance in place about how to understand people's medical needs and support them safely.
- Staff did not always have detailed guidance about how they should provide support to people who were experiencing confusion or distress. This included understanding the causes of distress and how to respond appropriately to minimise risk.
- Despite the concerns with documentation, people and their relatives told us they felt safe. Comments included, "We feel very safe with them, they are all well trained and conscientious," and "The health care assistants are trained to attend to [person's] extra health needs."
- The provider confirmed they were in the process of updating people's care documentation and were reviewing the risk assessments for all of the people they supported to ensure they were up to date and detailed.

#### Using medicines safely

- The provider had not always ensured robust processes were in place to manage people's medicines safely. For example, we found people did not have specific medicines care plans or risk assessments to explain what medicines they were prescribed or the support they required when taking their medicines. The provider had already identified this concern at the time of the inspection and were in the process of reviewing and updating people's medicines guidance.
- Despite the concerns with documentation, people and relatives told us staff knew what support they required with their medicines. One relative said, "They know more about the medication than I do. There have never been any errors and they always ask if they're unsure about anything."
- The provider used an electronic system for recording the administration of people's medicines and completed a monthly medicines audit to check the accuracy of the administration records.
- Staff were provided with medicines training to ensure they had the skills, knowledge and competence to administer people's medicines

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff completed infection prevention and control training and personal protective equipment (PPE) was available to use. The provider had an infection control policy in place for staff to follow.
- People and relatives told us staff wore PPE when necessary. Comments included, "They use their PPE properly" and "They wear their PPE as appropriately required."



# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's processes for monitoring the safety and quality of the service were not always effective. We identified concerns with the provider's oversight in number of key areas such as safeguarding, recruitment, risk management and the management of medicines.
- The provider had not ensured people's care records were monitored appropriately to ensure they remained up to date and accurate.
- The provider had not implemented a robust system of auditing prior to July 2023. This meant they were not able to demonstrate how they had continuously assessed and monitored the service to ensure people received good quality, safe care. Statutory notifications had not always been submitted promptly, in line with the provider's regulatory responsibility.

The provider had not ensured effective processes were in place to monitor the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us the service had expanded quickly over a short period of time and, as a result, they had identified shortfalls in their governance processes. The management team had responded promptly to these issues by seeking additional support and an external consultant was working with the provider at the time of the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The provider's processes for engaging and involving people were not always effective. It was not always clear how people had been consulted in reviewing their care or whether regular feedback had been sought.
- Where feedback had been received, this had not been robustly analysed to identify any issues. Despite this, people and relatives spoke positively about the service and the support they received from the management team. Comments included, "I actually find them quite responsive. Issues are resolved quickly" and "They are very good, the best we've had by far, so far. They have made a big difference to our quality of life."
- The provider's processes for engaging with staff were not always robust. For example, supervisions did not always take place regularly and there was a lack of detail in supervision and appraisal records to

demonstrate how staff were involved in the service and encouraged to feedback. Despite these concerns, staff told us they felt supported and valued and were happy to recommend the service to others. Comments included, "I feel valued in the company and can always talk to my manager, any time of the day" , "The Registered Manager is supportive and our opinions are valued" and "I would definitely recommend the service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be honest with people, and those important to them, when incidents occurred. People and relatives told us the management team were open in their communication and had apologised when necessary.

Working in partnership with others; Continuous learning and improving care

- The provider worked in partnership with a number of different health and social care professionals in order to support people's needs. Contact details for health professionals involved in people's care were documented in their care plans.
- The provider had been proactive in recognising improvements were needed in the service and had sought professional support to review their processes and implement an action plan to drive improvements.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had not ensured effective processes were in place to monitor the safety and quality of the service.</p> <p>This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	<p>The provider's recruitment processes were not robust.</p> <p>This was a breach of Regulation 19 (Fit and proper persons employed) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>