Firstpoint Homecare Limited

Firstpoint Homecare - Leicester

Inspection report

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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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an inspection of the service on 24 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be in the office.

Firstpoint Homecare provides personal care to people in their own homes. At the time of our inspection 53 people were using the service. The service is run from an office in Newtown Unthank, Leicestershire.

It is a condition of registration that the service is managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection the service was without a registered manager for seven months, but a person managing the service had applied to be registered manager.

Staff understood their responsibilities for protecting people from abuse and avoidable harm. Enough staff were deployed to cover home care visits. However, people felt vulnerable when care workers were late or because they didn't know which care workers were going to visit them. The provider's recruitment procedures ensured as far as possible that only people suited to work for the service were employed.

Since our last inspection in April 2014 there were eight occasions when people did not receive support with their medicines. They were either not given their medicines, or were not given the right medicines at the right time.

People using the service felt that most staff were suitably trained and had the skills to provide them with the support they needed. However, some people we spoke with told us that they had to tell care workers what to do and that some care workers had to be told how to use equipment such as hoists. Those people did not tell us they felt at risk because of that.

Staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005. Staff understood that they could only provide care and support if a person gave their consent.

People using the service were supported with their nutritional and health needs. They were supported to access health services when they needed them.

People told us that staff were caring. People had access to information about their care and support. A relative and a care worker we spoke with told us that during home care visits they heard care workers talking about other people who used the service. That was a breach of confidentiality. The provider was taking action to address this.

People's preferences about the times of home care visits were not always met. Approximately a quarter of home care visits were more than 30 minutes earlier or later than people expected. People preferred to receive support from the same care workers and more people were experiencing that. People we spoke with sometimes felt their concerns were not listened to and some felt discouraged from raising concerns.

People using the service, relatives and staff had opportunities to be involved in developing the service. The management and staff we spoke with had a shared understanding of the challenges facing the service and what the service wanted to achieve.

The provider had arrangements for monitoring the service and had identified areas that required 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.

The service had not always ensured that people were supported to take their medicines.

Staff understood their responsibilities to protect people from abuse or avoidable harm.

Recruitment procedures were safe and enough staff were deployed to make home care visits.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People using the service sometimes had to tell care workers how they needed to be supported. Not all staff we spoke with felt their training prepared them for their role.

Staff were aware of their responsibilities under the Mental Capacity Act 2005.

People were supported with their nutritional and healthcare needs.

Is the service caring?

Good

The service was caring.

People told us staff were caring.

People had access to information they needed about their care.

People's confidentiality was not always maintained during home care visits.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always receive calls at the time they expected. People had not always experienced continuity of care from regular care workers though this situation was improving.

People felt that concerns they raised were not always listened to and some became reluctant to raise concerns.

Is the service well-led?

Good

People using the service, their relatives and staff had opportunities to be involved in developing the service.

Management and staff were aware of the challenges facing the service and actions were being taken to improve the service.

The provider had effective arrangements for monitoring the quality of the service and identifying and acting on areas that required improvement.

Firstpoint Homecare - Leicester

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 inspection took place on 24 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be in the office.

The inspection team consisted of an inspector who visited the office on 24 February 2016 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. Our expert had experience in caring for a person who used this type of service.

Before the inspection, the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we received about the service from relatives and from local authorities that paid for the care of some of the people using the service. We looked at information we received from the provider, for example about errors made by staff when they supported people with their medicines and about scheduled home visits that had not taken place. We looked at a five people's care records. We looked at staff recruitment procedures, information about training staff received, records of staff meetings and records associated with the monitoring of the performance of the service.

We spoke with five people who used the service and relatives of four other people who used the service at the time of our inspection. We spoke with the office manager and a `field assessor' who carried out assessments of people's needs. We also spoke with an operations director and a `compliance' manager who were visiting the service at the time of our inspection.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe when they were visited by care workers in the sense that they did not feel at risk of harm or abuse from care workers. However, people were concerned that they were left in a vulnerable situation because care workers did not visit them at times they expected and they did not always know which care workers were visiting them. The provider told us that systems would be put in place to let people know which care workers were going to visit them.

Staff understood their responsibilities to identify and report any sign of abuse using the provider's safeguarding procedures. Staff knew they could report any concerns about people's safety directly to the Care Quality Commission. They told us that they were confident that any safeguarding concerns they made to the manager or office staff would be taken seriously. A care worker told us that after they had raised concerns they knew the concerns had been investigated. We saw from a summary of training staff received that the training included safeguarding people from abuse. Care workers we spoke with told us they'd had the training.

People's needs and dependencies were assessed when they first began to use the service and were regularly reviewed afterwards. The assessments were carried out by an office based `assessor' who, with the person's input, assessed what level of support a person required and how much they could do for themselves. This was so that people could be supported to be as independent as they wanted to be. A person told us, "My carer supports me to keep as independent as I can. We work well together."

People's care plans included risk assessments associated with their personal care routines and their home environment. Care workers we spoke with told us they read risk assessments. They told us they found them useful because they contained information about how to support people safely and in ways that did not expose people to risk of harm. They also told us they reported what they considered to be risk to people's safety and their own safety to the office. A care worker told us about a person who required support with their mobility both upstairs and downstairs in their home but who had mobility equipment only downstairs. The care worker had reported this to the office and a decision about additional equipment was pending at the time of our inspection. Another care worker told us, "The office is pretty good at responding to suggestions we make." We found that the provider responded to staff concerns about people's safety.

All people we spoke with told us that care workers wore the plastic gloves and aprons when supporting them with personal care and handling their medicines. This was something that contributed to people's sense of feeling safe when they were being supported.

The provider employed 57 care workers to provide care and support for 53 people. There were enough care workers to cover all scheduled home care visits. A system was used to match people's needs with the skills and knowledge of care workers. For example, people who required support with their medicines were allocated a care worker who had been trained in the safe management of medicines. The system was being further utilised to match more specialised staff skills and knowledge with people needs

People applying to work for Firstpoint Homecare had to provide evidence of their suitability in their application forms. Successful applicants did not start working with people using the service until all the required pre-employment checks were carried out. These included Disclosure and Barring Service (DBS) checks. These checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. The provider required potential recruits to provide two suitable references. People using the service could be confident that the provider sought to ensure as far as possible that only people suited to work for the service were employed.

The provider applied disciplinary procedures on occasions they learnt of unsatisfactory conduct by staff, for example when two care workers acted contrary to instructions they received about which home care visits to make. The provider was investigating a care worker's conduct at the time of our inspection.

Since our last inspection, the provider told us about six occasions when people using the service had not been supported with their medicines. In February 2015 two people were not given their medicines because their home visits were missed. In November 2015 a person had not been supported to take their medication on three consecutive days. Before then, in November 2014, a care worker assisted a person with a medication that only a nurse was allowed to do. Shortly before our inspection on 26 February 2016 we learnt from a relative of a person using the service that a care worker gave a person their medicines in the wrong order. Another error was made with that person's medicines on the day of our inspection. This made eight occasions since our last inspection when people were at risk of harm because of medicines omissions or errors. Care workers we spoke with told us they had training about safe management of medicines. However, the training was generic and taught only basic essential skills. The training did not cover people's specific medications needs. A relative had provided the service with a detailed explanation about which medicines to support a person with, but this had not been consistently followed by at least two care workers. The provider did not have a reliable system for ensuring people always received the right medicines at the right times. Medicines administration records (MARs) were checked, but this was only after MARs were taken to the office up to a month after they were completed. By then, any errors were difficult to detect.

At the time of our inspection the provider was in the process of arranging additional training from an independent training provider about medicines management.

Requires Improvement

Is the service effective?

Our findings

Most people we spoke with told us they thought staff were trained well enough to be able to provide the care and support they needed. A person told us, "The ones that have been coming for a while seem to know what they are doing". Three people told us otherwise. A person told us, "I don't think they are very well trained. I have to tell them what to do." Two people told us that care workers had to be told how to use equipment to help them transfer.

Care workers we spoke with told us they felt their training was only adequate. One told us, "The training is enough to do the job but it doesn't prepare us for what we are going into". Another care worker told us of an occasion they visited a person who used a `stoma' bag but they had not been forewarned of that and had not had training on how to change a stoma bag. Care workers told us they had training about how to use hoists. We saw that the service's training room had a hoist which staff were shown how to use when transferring people from bed to armchair and back again. A care worker told us that when they had their training care "I asked to be transferred so I knew what it was like". A relative we spoke with told us they did not feel that the quality of training staff received was an issue. They felt that care workers were, on occasion, inattentive and careless.

Care workers told us about their induction training. One told us, "I enjoyed my induction. The trainer made it interesting. It was a mix of practical training and DVDs about medications, dementia, safeguarding and other things". In our guidance for providers on how to meet the regulations, we are explicit about our expectation that those who employ adult social care workers should be able to demonstrate that staff have, or are working towards, the skills set out in the Care Certificate, as the benchmark for staff induction. The provider was using the Care Certificate as a model for their induction training. Nearly all care workers had completed the provider's version of the standards covered by the Care Certificate. Other staff training included training about dementia, treating people with dignity and respect, equality and diversity and many other key subjects.

The Mental Capacity Act (MCA) 2005 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 checked whether the service was working within the principles of the MCA.

People using the service were presumed to have mental capacity to make their own decisions about their care and support unless there was evidence to the contrary. Opportunities to do that occurred at monthly reviews of people's care plans. Care workers we spoke with told us they had received training about the MCA. They were able to tell us what the principles of the MCA were and they understood that they could not provide care and support without a person's consent. Everyone person we spoke with told us that care workers explained what they were doing before they began a care routine.

The manager told us that none of the people using the service had complex nutritional needs. Support

people had with nutrition was limited to making people drinks or snacks or helping people make their own. Nearly all care workers were trained in food hygiene and preparation. People we spoke with didn't say anything about how they were supported with nutrition. They were more concerned about care workers visiting at times of they expected, including at times that coincided with their preferred meal time.

We saw evidence in people's care plans that care workers were alert to changes in people's health and well-being. For example, a care worker noticed that a person had a leg injury which they recorded in their daily notes. Other care workers therefore knew about the injury and monitored it and reported signs of deterioration it to the office who arranged for a district nurse to visit the person.

Good

Is the service caring?

Our findings

People using the service and relatives of people using the service told us that staff were caring. A person told us, "You can't fault the carers they are brilliant". Another said, "You can't fault the care, the girls are really good". People told us that care workers were kind and friendly even if at times they felt care workers were not knowledgeable about their needs.

Most people we spoke with told us that care worker's respected their privacy. However two people told us, "They staff didn't knock before coming into the house" and "They don't even knock they just walk in". Care workers told us they knocked on people's house doors before entering their home, but they thought they may not always have been heard. A relative informed us that on more than one occasion they had heard care workers talking about other people using the service and sometimes complaining about their terms and conditions of employment. They expressed concern that care workers may talk about their mother when they were at other people's homes. A care worker we spoke with told us they had heard colleagues talking to people about other people using the service. Talking about other people using the service was a breach of confidentiality and was contrary the provider's policy. Care workers we spoke with knew they must not talk about people using the service to other people they supported. When we discussed this with the provider they said they would remind staff about their responsibilities and identify a way to monitor whether staff were acting contrary to their policy.

People explained that they had better relationships with care workers they saw on a regular basis. A person told us, "I know who is coming. I have sometimes have a carer who covers for my regular carer and they don't know me as well but on the whole it is good". Another person told us, "At first it was hit and miss but we now have a good situation because we have the same carers". Most people we spoke with told us that they did usually know which care worker was going to visit them. However, they told us they did not receive a rota telling them which care workers would visit. Care workers we spoke with had different experiences in terms of having people they supported on a regular basis. One care worker told us, "I don't have regular runs so I'm seeing different people. However, since I've been with Firstpoint I have visited most people who use the service and most of them remember me". Another told us, "I have regular clients. I see the same people most of the time". A third care worker told us, "I have the same people to visit, so I get to know them. All my visits are close to each other".

Three relatives of people using the service told us they felt the situation with regards to being supported by the same care workers was deteriorating. "We used to get the same carers but recently it's been worse we've had everyman and his dog recently. I was told before Christmas that mum would get the same carers, it's just not happened". Another relative told us, "It isn't particularly well organised. I never know who is coming. It seems to have got worse since [May 2015]. A third relative we spoke with told us, "We don't always know who is coming it's not always the same carers. This can be a problem as my husband gets upset with new faces. The last few weeks have been very hit and miss".

When we looked at data for the period 1 November 2015 to 31 January 2016 we found that there had been steady and sustained improvement in people receiving care and support from `regular care workers'. This

improved the continuity of care and made it more possible for people using the service and care workers to develop caring relationships. However, the improvements had not yet benefitted every person using the service.

Care workers we spoke with told us that they knew about people's needs because they read people's care plans. They told us they read people's care plans before they visited people for the first time in order to understand their needs and to get to know something about the person they could talk about with them.

People using the service and their representatives were involved in making decisions and planning their care and support. They were involved in the assessments of their needs which included discussions about the times of home care visits. People had access to their care plans which were kept in their homes and also the daily notes left by care workers. People therefore had access to information about their care and support. They also had `service user guides' which included information about the service and the standards expected of its care workers. The guide did not include information about independent advocacy services people could use if they felt they needed them. Some people told us that they would prefer to be sent information about which care workers would be visiting them. We discussed this with the provider who told us it would be possible to send people a `rota'. They told us they would ask all the people using the service if they wanted a rota and would send one to those who said they did.

People using the service told us that care workers treated them with dignity and respect. A person told us, "The carers keep me covered as much as possible when I get a wash". However a relative of a person using the service told us, "Staff don't always cover my daughter's modesty with a towel when they are changing her. I think this should be happening all the time and particularly when there is a male carer present". Some people told us they had a mix of male and female carers but no one was able to say whether they had been asked their preference. A male care worker we spoke with told us "I'm not sure if people are given a choice of gender of care worker". No person we spoke with reported any concerns about the gender of the care workers who supported them.

Requires Improvement

Is the service responsive?

Our findings

People told us that the most important things to them were that they received the care and support they expected, that care workers were punctual and that they received care and that, as far as possible, they received care and support from the same care workers. People also told us that they understood care workers could sometimes be late but they wanted to be informed if a care worker was delayed.

Most people we spoke with told us that care workers did not visit at times they expected. A person told us, "They are often late it is a bug bear of mine. Once nobody turned up I rang to find out what was happening". Another told us, "They are not always regular. It [lateness] can be up to an hour and half". Half the people we spoke with were not always informed if care workers were running late. A person told us, "They are not always on time and won't let us know. Sometimes the carers will but not the office". Another person said, "I sometimes have to ring them if they are late. You don't know where you are with them sometimes". Other people told us they were told if care workers were running late. One told us, "They do let me know if they are going to be late. It is usually the carer" and another said, "Usually a girl from the office will let us know". Another person told us that punctuality of care workers improved only after they contacted their local social services department.

The provider had a system for monitoring punctuality of calls. This showed that in the three month period 1 November 2015 to 31 January 2016 when 15, 265 home care visits were made 3,953 were over 30 minutes earlier or later than people expected. For some people affected by those calls there had been an adverse impact. A person using the service told us, "I can't walk so I need them to come when they say. I don't mind them coming later if I know but I don't like to be sat around not knowing." A relative told us about care worker's punctuality. They told us, "The last few weeks have been very hit and miss". The data we looked at showed there had been a gradual deterioration with 24%, 26% and 28% of visits being early or late by 30 minutes in November, December and January respectively.

A relative of a person using the service explained not knowing which care worker was coming was a worry. They told us, "We don't always know who is coming. It's not always the same carers and this can be a problem as my husband gets upset with new faces. We looked at data about `regular care workers' for the period 1 November 2015 to 31 January 2016. This showed that an increasing number of people were being visited by fewer care workers. People with highest number of home visits, for example more than 200 visits per month, were being supported by fewer different care workers. People with the fewest scheduled visits were increasingly supported by fewer care workers. A person told us, "I have the same two carers all the time". Another person told us, "I am usually aware of who is coming as I have one or two of the same people". We found that more people were having their preference for regular care workers met.

Most people we spoke with told us that care workers stayed for the scheduled duration of a home care visit and completed all the care routines they expected. A person told us, ""I can't fault the care I receive". A relative told us, "There are a couple who will spend more time with [person using the service] than others. Most staff seem to be thinking of their next call and they will do what they have to do then get out. They should stay for what [person] pays for". Another relative told us care workers did not always carry out care

routines in the correct order which had an unstabling effect on the person.

A minority of people told us that some care workers did not appear to fully understand their needs or know how to use equipment, but they did not feel at risk of harm because of that. Two people told us that some care workers did not appear to fully understand how to use equipment when helping people get out of bed or a chair. One person told us, "Some staff struggle with the electric hoist. "I have heard my daughter telling them how to do it and which coloured sling to use". Another person told us, "I have to tell them what to do with the 'banana' board [a device to help move people in confined spaces]. Some don't even know what it is". Care workers we spoke with knew what a `banana' board was and told us they had training about how to use one.

We looked at daily records that care workers made. We found that most were informative because the notes described a person's well-being and demeanour and included enough detail to provide assurance that care routines were carried out. However, some care worker's notes were not as informative. A small number were often word for word repeats of what they had written before. The provider had identified this as a concern shortly before our inspection and was addressing it.

People's care plans were reviewed regularly, usually every four weeks. Reviews took place by telephone and additional reviews took place on occasions that care worker's practice was observed. A more comprehensive review took place every 12 months which involved social services representatives.

Not all people we spoke with felt comfortable about raising concerns. A person became upset when they told us about a time they raised a concern about a care worker's punctuality. They told us, "It felt like they were trying to fob me off". Another person told us, "If you ring with any kind of issue the [manager] can be quite snooty. I don't think he likes us to complain". A person who had made a complaint told us, "I did make a complaint not long since but then I got the cold shoulder. It puts you off saying anything in case they take it out on you". When we asked about that they explained, "They [care staff] came in and didn't hardly speak to me it made me feel uncomfortable". Another person told us, "In the past a couple of the office staff have been a little short so I do most communication now via e mail. It is easier for me and it's safer for both parties. I know they have the message". In their service user guide the provider stated that they welcomed complaints as an opportunity to improve the service and that making a complaint would not cause a person to be discriminated against or experience a negative effect on their care. However, people we spoke with had not had a positive experience of the complaints procedure.

Good

Is the service well-led?

Our findings

People using the service had opportunities to be involved in developing the service through their involvement in reviews of their care plans. At care plan reviews people were asked what they thought of their care and support and about any changes or improvements they'd like to see. They were also asked for their views about the service through regular telephone contact and an annual survey. People we spoke with recalled being asked for their views. A person told us, "Someone came recently to check if I needed anything else". Another person told us, "They come every year to reassess me", and another told us, "They do spot checks".

The provider acted on people's views. They had sought to improve the service people experienced by improving care worker's punctuality and trying to ensure that people were supported by the same core team of care workers. Improvements were being made though punctuality remained a challenge. The provider was considering reorganising teams of care workers so that they had regular runs covering smaller geographical areas.

We saw on the day of our inspection that the team in the office dealt well with operational difficulties caused by significant traffic disruption in south west Leicestershire where many people using the service live. All scheduled home care visits were met with a minimum of disruption
and people using the service were telephoned and kept informed of potential delays. This was an example of effective leadership and team working between staff in the office and care workers `in the field'.

Senior managers and the office manager kept under review how staff practised the organisation's values and the standards expected of them. They used information from reviews of people's care plans and spot checks of care worker's practice and annual satisfaction surveys. Areas identified as requiring improvement were discussed at care worker's meetings. For example, care workers were reminded that they must telephone the office if they were running late so that the office could inform the person using the service affected by the delay.

People we spoke with knew who the manager was. They knew they could contact the manager or field assessor if they had any concerns. Most people told us they felt the service was well organised. Those who felt otherwise did so because they had experienced varied punctuality of home care visits and irregular care workers. The provider was aware before our inspection that those two aspects of the service required improvement and they were taking action to improve the way home care visits were organised.

A registered manager left the service in May 2015. The service was run by a manager who was supported by senior managers. They were in the process of applying to be a registered manager. They and the senior managers understood the responsibilities of a registered manager. This included keeping the CQC informed of events at the service such as missed calls, medication errors and allegations of abuse. The manager and senior managers had a shared understanding of the challenges the service faced and what they wanted the service to achieve. This was a service that provided people with the care and support they needed at times they expected from care workers who understood their needs. This aim was shared with staff. Care workers

we spoke with shared those aims.

The provider had procedures for monitoring the quality of the service. This included a system for monitoring punctuality of home care visits and whether people were supported by regular care workers. People's views about the service were sought at reviews for their care plans, regular telephone calls and an annual satisfaction survey. The latest survey was sent to people using the service in February 2016. The survey was still on-going at the time of our inspection. The survey included questions covering all key aspects of the service and allowed people to rate the service. This meant the provider would be able to make an informed view, based on people's feedback, about the quality of the service.

The provider's monitoring had identified that people were not always supported to ensure they took their medicines at the right times. This was a matter the provider was addressing through additional training for staff.

Other monitoring procedures included audits carried out by the provider's compliance manager, some of which were unannounced. The compliance manager shared the results of their audits with the manager and action plans were agreed to address areas that required improvement. Action plans were reviewed after eight weeks. The compliance manager reported their findings to the provider's operations director who saw reports about all the locations operated by the provider. This meant the provider was aware how each of their locations was performing.