

Firstpoint Homecare Limited

Firstpoint Homecare Bedford

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

This inspection took place on 20 September 2016 and was announced.

This was the second comprehensive inspection carried out at Firstpoint Homecare Bedford.

Firstpoint Homecare Bedford is a domiciliary care agency providing personal care, support and companionship to people in their own homes. At the time of our inspection the service was providing personal care to 34 people. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

The service had 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 and associated Regulations about how the service is run.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They were well supported by the registered manager and had regular one to one supervision and annual appraisals.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation. Where the service was responsible people were supported by staff to access food and drink of their choice to promote healthy eating. If required, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People received care that was responsive to their needs. Their needs were assessed prior to them receiving a service. This ensured the care provided would be appropriate and able to fully meet their needs. People's care plans were updated on a regular basis or when there was a change to their care needs. The service had a complaints procedure to enable people to raise a complaint if the need arose.

There was a culture of openness and transparency at the service. Staff were positive about the management

and leadership which inspired them to deliver a quality service. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

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

Staff were aware of the different types of abuse and to report any they witnessed or suspected.

There were risk managements plans in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good ●

The service was effective

People were looked after by staff who were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

If required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Is the service caring?

Good ●

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed prior to them receiving a service.

People received care that was personalised and met their assessed needs.

People were provided with information on how to raise a concern or complaint.

Is the service well-led?

Good ●

The service was well-led

The culture at the service was open and transparent.

There was good management and leadership at the service, which inspired staff to provide a quality service.

There were effective quality assurance systems at the service.

Firstpoint Homecare Bedford

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 checked 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.'

The inspection of Firstpoint Homecare Bedford took place on 20 September 2016. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by two inspectors.

Before the inspection we looked at information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the Clinical Commissioning Group who has a quality monitoring role with the service.

During our inspection we undertook telephone calls to five people who used the service and five relatives. We also spoke with seven staff that included the registered manager, the branch manager and five care workers.

We reviewed a range of records about people's care and how the service was managed. These included care records for six people, five staff files and three Medication Administration Record (MAR) sheets. We also looked at minutes from staff meetings and quality assurance audits.

Is the service safe?

Our findings

People told us that they felt safe when the care workers visited them and that they felt protected from avoidable harm and abuse. One person said, "Yes, I do feel safe. I see them as part of the family." Another person told us, "I have a safe key but they always knock and acknowledge who they are before entering." A relative commented, "Definitely [name of person] is safe and there are always two staff available to assist with moving and handling her."

Staff had a good understanding of safeguarding, the signs of abuse and how to report it. One staff member said, "If I suspect or witness abuse I would report it to the manager or care co-ordinator." Another staff member informed us, "We have had training on safeguarding and whistleblowing and were given telephone numbers for external agencies that deal with safeguarding incidents if we did not feel able to report it to the manager."

The registered manager told us that safeguarding was a regular agenda item at staff supervision sessions and staff meetings. Records we looked at confirmed that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. Both documents contained clear information on who to contact in the event of suspected abuse or poor practice. There were posters in the main office area and staff training room about safeguarding, with numbers and people for staff to contact if they had any concerns. We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

Risk management plans were in place to promote people's safety and to maintain their independence. People told us that they were aware of their risk assessments which had been developed to promote their safety. One person said, "Everything that the staff need to know about my safety is written down in my folder; and they always read it." A relative told us, "Someone came from the office and had a look around to see if there are any hazards and they said that she needs two staff to support her because she can't stand. They always send two staff." People and their relatives made similar comments.

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person. A member of staff described one person's risk assessment and told us why it was in place. They said, "[Name of person] is very forgetful about their tablets and has taken the wrong tablets in the past. The risk assessment has put safeguards in place, such as keeping the medicines in a locked cupboard to keep make it safer for them." We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

There were plans in place for responding to any emergencies. There were emergency plans in place to respond to emergencies such as inclement weather. We also saw procedures in place for staff to follow if they did not receive a response from a service user when arriving to provide care. We saw evidence that staff had been provided with first aid training so they could deal with minor incidents or accidents swiftly. This

demonstrated a positive attitude in promoting people's safety. We saw evidence that the registered manager or branch manager was available to provide advice and support to the staff team in an emergency situation or in adverse weather conditions.

Safe recruitment practices were followed. There were arrangements in place to ensure safe recruitment practices were followed.

We found that staff had been recruited safely into the service. Staff told us that they had undergone a full Disclosure and Barring Service (DBS) check. One staff member said, "I was not allowed to work until my DBS closure had been cleared." All staff spoken with confirmed that they did not take up employment until the DBS had been obtained.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people. We also saw that where the organisation were unable to gain two references from previous employers, they would seek three character references. This meant that the provider took appropriate steps to ensure only suitable people were employed to work at the service.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us that staff were reliable and arrived at the agreed time. One person said, "If they are delayed someone from the office would phone to let me know." Another person told us, "Yes, they turn up on time; they are usually punctual but can get delayed if the traffic is bad." A relative commented, "Sometimes they are late but we have never experienced any missed calls."

People told us that staff stayed for the allocated time. One person said, "If they finish early they would make me a cup of tea, but I always move them on and tell them it is okay to leave if everything is done."

Staff told us there were sufficient numbers of staff employed to keep people safe and to meet their needs. One staff member told us, "We work in teams and there are always two staff available to assist people who need hoisting." Another staff member said, "I think there is enough staff. I have sufficient time to support the clients and I am not rushed off my feet." The general consensus was that there were enough staff working at the service to cover the shifts required. Additional staff would be welcome.

The registered manager told us, "If people's needs changed or we take on another care package I will look at the staff runs to see if they have capacity to take on the extra hours. If we can't manage it we won't take on another package."

We looked at the staff duty rota for the current week. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

Systems were in place to manage people's medicines safely. People told us that the staff supported them with their medicines and ensure that they received them at the prescribed times. One person said, "My medicines are in dosette boxes. The staff give them to me and always sign the sheet. They also make sure that my legs are creamed as they can become very dry." Another person told us, "Yes they help me with my medicines and would always check that I have taken them."

Staff told us they had received training in the safe handling and administration of medicines; and their knowledge and skills were regularly updated. One staff member said, "We only assist the clients with their medication if there are in blister packs or dosette boxes dispensed from the pharmacist." Another staff member told us, "The supervisor observes our practice regularly to make sure we are competent and we are completing the medication sheets."

There were risk assessments in place for the safe administration of medicines. We looked at the Medication Administration Record (MAR) sheets for three people using the service and found that they had been fully completed and in line with best practice guidelines. We saw evidence that regular auditing of medicines were carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. People told us that the care workers were aware of what needed to be done. One person said, "They always read the care plan and ask if there is anything that needs doing." A relative told us, "We work as a team. They [meaning staff] would tell me if [name of relative] is short of things such as, toiletries, and continence aids and I would make sure she gets them. They also use their initiative. For example, they reported that the hot water was looking black and I discovered the tank needed to be flushed out."

We were told by people who used the service that staff were trained to carry out their roles and responsibilities. One person said, "Yes, they are trained and on the ball." Another person commented, "The carers know what to do. The new ones get told what to do when they are being supervised." A relative told us, "I think they are trained as they have always been able to deal with any queries that I have had."

Staff received induction training before commencing work. One staff member said, "I completed three days induction, which covered the mandatory courses. I then worked alongside an experienced staff member for a further two days to see how the clients were supported." All the staff we spoke with confirmed that they went through the same induction process.

We looked at the training records and found that all staff had received induction and regular on-going training that was appropriate to their roles and the people they were supporting. We saw that the induction training consisted of three days training in mandatory subjects. In addition, staff shadowed more experienced staff and we saw that a record of these were on file. This enabled staff to obtain the necessary knowledge and experience required before they were expected to provide care to people using the service. We saw evidence that staff new to the service were working towards achieving the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

People told us that they were introduced to staff before they started to provide them with care and support. One person said, "If staff are new they always come with another member of staff that knows what to do." Other people and relatives made similar comments.

Staff told us they were appropriately matched to the people they were supporting and were aware of their needs. For example, when a new care package was allocated, they were provided with information about the individual; and made aware of how their care needs should be met. Staff also told us that they read people's care plans; and had regular discussions about them with their line manager and colleagues. This was to ensure that care was delivered in a consistent manner.

Staff told us that they received regular supervision and spot checks from the care-co-ordinator. One staff member said, "I receive feedback on my performance and it helps me to build my confidence and to know I am doing things well."

The registered manager confirmed that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

People told us that staff gained their permission before assisting them with care and support. One person said, "They [meaning staff] always explain what they are going to do before assisting with care and support." Another person told us, "They always ask permission and if you refuse they would not insist."

Staff told us they had received training on the MCA 2005. We saw evidence of this within the staff training records we examined. They said they always asked people for their consent before assisting them with care and support. One staff member said, "We always ask people for their permission and wait for them to say it's okay before we undertake any tasks."

People were supported to eat and drink sufficient amounts to maintain a balanced diet. Some people told us that staff supported them with meals and they were given a choice of what they wished to eat. One person said, "I have readymade meals and I tell the carers what I fancy and they warm it up in the microwave." Another person told us, "Sometimes if I fancy an omelette the carer would prepare it for me." Relatives that we spoke with confirmed that they usually prepared meals for their family member.

Staff told us that they supported people with their meals. One staff said, "We only prepare microwave meals and make sure it is warmed through." Another staff member told us, "We would prepare an omelette or a boiled egg if a client requests this. People tell us what they want to eat." A third member of staff commented, "Usually family members purchase the clients' shopping, but if they need support with shopping this could be provided."

People's care records contained details of their dietary likes or dislikes. We found if people had difficulty with food and fluid intake they were closely monitored. Within the care plans we examined we saw that there was information on people's dietary needs, likes and dislikes. This demonstrated that staff were fully aware of people's food preferences they may have.

People were supported to maintain good health and to access health care services. We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. One person said, "I fell over once and the carer contacted the doctor and stayed with me until the GP visited."

Staff told us if there was deterioration to a person's health they would seek their permission to report it to the registered manager or a relative and if needed contact the GP or health care professional for support or advice. The staff we spoke with confirmed that people had family members to support them with hospital and GP appointments.

The registered manager informed us that if someone needed support to attend a health appointment this could be facilitated and this had happened in the past.

Records demonstrated that people's health needs were frequently monitored and discussed with them. Risk assessments were used to ensure that care plans accurately reflected and met people's needs. This included areas such as mobility, falls and medication administration.

Is the service caring?

Our findings

People told us that staff were kind and considerate. One person said, "I can't fault them they are kind." Another person told us, "They are a good bunch we always have a laugh." One relative commented, "I have a very good relationship with the staff who visit my [name of person] especially [name of staff member] she always makes sure that his dignity and privacy is promoted. Also [name of staff member] has been outstanding and very supportive when we were experiencing some challenges with [name of person] care package."

Staff told us that they were able to develop caring relationships with the people they supported. One staff member said, "I give the clients choices and involve them in everything I do. By doing this I am able to develop trust and a good rapport with them."

Staff told us they knew people really well. They felt this was because there was consistency in the staff team. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "We tend to see the same people most of the time. I like that as it means I can really get to know a person."

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. We saw evidence that there was consistency with the staff who visited people.

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person told us, "If I didn't want my shower on the set day [name of staff] would be happy to change it to another day."

We saw evidence within the care plans we examined that people's changing needs and wishes were closely monitored on a regular basis. Any changes that were needed were carried out in a timely manner. People had a consistent staff team who cared for them. This ensured that an established relationship of trust had been developed.

The registered manager told us that at the time of our inspection there was no one using the services of an advocate. She said people were provided with information on how to access the services of an advocate and staff would support them in doing so if one was required. We found that some family members advocated on people's behalf when required.

Staff understood how to support people with dignity and they respected them. Without exception people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. People told us that staff treated them with respect and maintained their dignity. One person said, "The carer always preserves my dignity and make sure I am not exposed when assisting me with personal care." Other people and relatives made similar comments.

A relative told us they were confident that the staff promoted their relative's privacy. They said, "[Name of person] never complains about how the staff carry out her personal care. She always says she thought it would be too embarrassing to have someone help her with intimate care but their approach has helped her to accept the support she needs." This demonstrated that staff had an appreciation of people's individual needs around respect and dignity.

Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member commented, "People's privacy and dignity is always promoted." Another member of staff told us, "I treat the clients the way I like to be treated. When supporting them with personal care I make sure that their dignity is preserved and they are not exposed." Another staff member said, "I let the clients choose their own clothes and call them by their preferred name."

The manager confirmed that staff's care practices were regularly observed to ensure that they were upholding people's privacy and dignity. This was done through on task supervision where staff are observed providing care to people. Senior staff observe if the care provided is carried out with respect and ensures people's privacy and dignity is maintained. This is only undertaken with the full consent of the person receiving the care.

People felt assured that information about them was treated confidentially and respected by staff. One person said, "There is never any gossip. The staff are very discreet."

Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. We also saw a confidentiality statement on display in the staff training room. One staff member said, "We make sure all information is only available for people who need it."

We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Is the service responsive?

Our findings

People told us that their care needs were assessed prior to them receiving care and they were involved in the development of the care plan. One person told us, "A gentleman visited me and asked lots of questions." A relative said, "The manager visited us to discuss what support was needed. The care package did not commence until the appropriate equipment was in place."

Staff told us that people's care plans were clear and easy to follow. One staff member said, "If I visit a new client, I read the care plan as it contains all the information that I need to know on how to care for them. There is no need to ask the client what needs to be done." Other staff members confirmed this.

The registered manager told us that prior to receiving a care package people's needs were assessed. Records we looked at showed that information from the needs assessment was used to inform the care plan. The plans seen contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and were focussed on the outcomes that people wished to achieve from being supported. We saw evidence that when there was a change to a person's needs the care plan was updated to reflect the change. We saw that people's entire care package was reviewed with them and their representatives to ensure the care they received was still relevant to their identified needs. Staff were made aware of any changes to ensure that people received the relevant care and support.

People and relatives we spoke with told us that communication was very good with the service. One said, "We are always made aware if there are any changes to peoples care." This meant that staff knew how to support people in a way that they preferred. The daily action logs clearly described staff's intervention and included information on nutrition, activities and the person's feelings.

People told us that staff listened to them and their opinions were taken into consideration. One person said, "The staff always listen to me and carry out my wishes." Another person said, "My care plan contains all the information on how I wish to be supported and the staff follow it. Sometimes I have to tell the younger ones how I like things to be done. One particular carer always uses her initiative and makes my bed."

People told us staff stayed the allocated time of the visits to meet their needs. If they were running late then this was communicated to the person waiting. One person said, "They [the staff] stay as long as needed. If they are held up, they will let me know."

People told us that they were aware of the service's complaints procedure and would feel confident to make a complaint. One person said, "Yes, I would feel confident to phone up the office and make a complaint. I have done it before and they listened to me." Another person said, "I have never had to make a complaint but I am confident if I had to, the manager would deal with it." People and relatives made similar comments.

The complaints records showed that concerns had been dealt with appropriately because the manager had fully investigated the issues, taken action and informed the complainant of the outcome.

People and their relatives told us they were regularly asked to provide feedback on the quality of the care provided. One person said, "They contact me by telephone regularly to see if I satisfied." Relatives commented that the standard of care provided by the service was very good. One told us, "I like being able to comment on [name of relatives] care." The registered manager confirmed that feedback on the quality of the care provided was analysed and any areas identified as requiring attention were addressed in an action plan and kept under review to ensure improvements were made.

Is the service well-led?

Our findings

People told us that they knew who the manager was. One person said, "It used to be a man but they are training up [name of carer]. She is very good."

Staff told us the management team ensured that the culture at the service was open and transparent and they were positive about the management and leadership of the service. They also told us that the registered manager was approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report that there has been a change in a client's condition, someone from the office would come out immediately to re-assess their needs." A further comment made by a staff member was, "I feel valued as a member of the staff team." Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "It is a very open and friendly atmosphere in the office. I would feel very comfortable making a complaint or raising a concern. I would feel listened to and would be confident that my concerns would be dealt with." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

The registered manager told us that recruiting staff with the right values helped to ensure people received a quality service. We saw evidence that the registered manager regularly updated his knowledge and skills and shared best practice ideas with the staff team to ensure that people received a quality service.

Staff told us that they felt valued and respected by the management team. One staff member said, "They (meaning the management team) treat us with respect." We saw that regular staff meetings were held and staff were able to exchange information and share best practice ideas. This was to make them aware of any new initiatives or changes that were taking place in the service.

The registered manager told us that he was aware of his responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.

The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that people were regularly asked to comment on the quality of the care provided. Audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.