

Firstpoint Homecare Limited

# Firstpoint Homecare Ltd

## Inspection report

Centre Court, 1301 Stratford Road  
Hall Green  
Birmingham  
West Midlands  
B28 9HH

Tel: 01216336180

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Firstpoint Homecare Limited is a community-based care provider that provides personal care and support to people 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 nine people receiving personal care.

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

Improvements had been made to the quality and safety of the service since the last inspection. We identified a continued breach in relation to governance because these improvements were not yet embedded and effective.

Peoples' risk assessments had improved since the last inspection, however, they did not consistently contain enough guidance to staff on how to safely support people. Staff did not consistently follow good infection control practices and this placed people at risk of cross infection. Whilst people and staff thought there were enough staff to support people, they did not consistently receive their calls at the times scheduled. Whilst staff had received training in how to keep people safe and could describe the actions they would take when people were at risk of harm, we found this was not always done effectively. Since our last inspection, medication audits had been implemented to check whether people's medication had been administered as required. The provider had a recruitment process to ensure the appropriate checks were carried out when recruiting staff.

Staff received specialised training to give them the knowledge to support people's individual needs. People told us they were generally supported by regular staff who knew them well. People's religious and cultural beliefs were respected.

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

We found some care practices did not always respect people's privacy and dignity. People told us staff were caring and staff promoted independence.

There was no end of life care plans for people who wanted to express their wishes at the end of their life. A care plan and assessment were in place to show the support people needed. People knew who to speak to if they had any concerns.

The provider's governance and auditing systems had improved but further improvement was needed to ensure that they were consistently effective in ensuring people consistently received safe care and treatment. There was no registered manager in post as required by law.

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 (and update)

The last rating for this service was inadequate (published 28 June 2019) and we found multiple breaches of regulations. At this inspection not enough improvement had been made and the provider was still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good Governance.

This service has been in Special Measures since 28 June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

After our last inspection, we carried out enforcement action to remove the location on the provider's registration. At this inspection we found improvements had been made and the provider had met all but one of the breaches identified at the last inspection. We found the provider was still in breach of one regulation related to governance because improvements to the quality and safety of the service needed to be embedded and sustained.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Firstpoint Homecare Ltd

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission as required by law. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a care manager in post who told us they would apply for registration once the appropriate checks had been completed with the Disclosure Barring Service to ensure they were suitable to apply for the role.

#### Notice of inspection

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

#### What we did before the inspection

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted a number of local authorities who commissioned services from this provider. We used this information to help plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person who used the service and four relatives to gain their views around the care and support they received.

We spoke with seven members of staff including the nominated individual, care manager, scheduler, senior care worker and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found during our site visit.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question had improved although remained rated as 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.

Systems and processes to safeguard people from the risk of abuse

- People who were able to share their views around their care, told us they felt safe. One person said, "I feel safe."
- Whilst staff had received training in how to keep people safe from potential harm and abuse and could describe the actions they would take, we found this was not always done effectively. For example, one person's needs in relation to their skin integrity and continence needs could not be met by the provider and they were at risk of harm. The provider had failed to ensure that these concerns were shared with the local safeguarding authority. We asked the provider to make this safeguarding referral on the day we visited and as a result, the person received extra support. The provider had failed to ensure this was done without our intervention.

Assessing risk, safety monitoring and management

- At the last inspection, we identified poor and unsafe risk management which was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvements had been made and the provider was now meeting the requirements of the law.
- The provider had a system to assess the risk associated with peoples' care. These processes had improved since the last inspection, however, further work was needed to ensure consistent and up to date information was available. For example, one person's care plan stated they were to be cared for in bed, however, their mobility risk assessment had not been updated to reflect this and gave guidance to staff to help this person out of bed. Regular staff we spoke with did know people's needs well and how to safely support them.
- Accidents and incidents were recorded and investigated to prevent them from happening in the future.

Staffing and recruitment

- At the last inspection, we found there were not enough staff to support people safely, especially over the weekend. At this inspection, we found this had improved. People told us and relatives confirmed, they now had regular care staff. Staff we spoke with told us there were enough staff to support people safely. One member of staff said, "There are enough of us, we are a small team and we work well together."
- At the last inspection, there was not enough staff on-call to support people and not enough senior staff to support and supervise care staff. At this inspection, improvements had been made and care staff told us they felt supported. One member of staff said, "The on-call is better now. If I have a problem, I can call and get good advice. That never happened before and I was left to sort out problems myself."

- There were recruitment processes in place and we saw evidence of recruitment checks taking place before care staff were appointed. This ensured suitable staff were appointed to support people.

#### Using medicines safely

- The provider's systems for monitoring the safe administration of medication was not always effective. We found that where prescribed creams were required to be applied, medication administration records (MARS) were not always in place. This meant the provider could not be assured the creams were being applied as prescribed.
- Medication administration records we sampled during the inspection had been filled out correctly. Relatives we spoke with told us they were satisfied with how medication was administered. A staff member said, "I have had training and am confident with giving meds."

#### Preventing and controlling infection

- At our last inspection, whilst staff had received training in infection control and could tell us when they should wear personal protective equipment (PPE), it was identified that staff did not always follow good infection control practice in line with the provider's policy. The provider told us and staff confirmed, they had been re-trained in infection control. Feedback we received confirmed that staff generally wore PPE, however, we did receive feedback from one person stating staff wore gloves but not aprons. We fed this back to the provider who addressed this with the staff.

#### Learning lessons when things go wrong

- Since our last inspection, the provider has implemented audits of the service to improve the quality of the care people receive. For example, they had introduced audits of medication which had identified where medication had not been administered as required. Further improvement was required, however, to ensure these audits were robust to enable the provider to learn from mistakes and improve the quality of the service.

# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved but remains as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the last inspection, we found the provider was not consistently working within the principles of the MCA. At this inspection, we found things had improved. People signed their own consent where they were able. Where people did not have the capacity to consent, best interests decisions were recorded. Whilst the provider had established whether there was a power of attorney in place to evidence who had been authorised to make certain decisions about people's care, copies were not always kept which meant the provider did not know which decisions the person was authorised to make on someone's behalf.
- Staff had received training in the Mental Capacity Act. They could tell us how people should be allowed to make their own choices and how they would ask for consent.

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

- The provider carried out assessments to ensure people's needs and preferences were identified. This ensured they could support people how they wanted to be supported and the outcomes people would like to achieve were clearly recorded.
- People's religious and cultural beliefs were respected.

Staff support: induction, training, skills and experience

- People told us that recently they had been receiving regular staff who knew them well. One person told us, "Lately I have had regular carers, up until recently I never knew who was coming." A relative told us, "The carers are very good."

- Staff received induction training when they first started work. The Care Certificate standards were included in the induction process. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- There was a training matrix which evidenced what training staff had received.
- At our last inspection, we identified care staff had not always received the specialised training they needed to support people's specialised needs, for example, people at risk of choking. At this inspection we found, the provider had implemented specialised training for staff. One staff member told us, "I have had lots of updated training. Things like dementia, catheter, choking and nutrition."
- Care staff told us and records confirmed that they received regular spot checks and supervisions.

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

- At our last inspection we identified that people's care plans did not give sufficient or accurate information on what people's dietary needs were. At this inspection, we saw that the information provided had improved and the provider had introduced a choking risk assessment to guide staff where people may need extra support.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- At our last inspection it was identified that the provider had not always liaised with other healthcare professionals to ensure they had the correct guidance in order to meet people's needs. At this inspection we saw evidence of the provider liaising with other healthcare professionals in order to gain advice and support to meet people's specialised support needs. For example, the provider had sought advice from the Speech and Language Team where people were at risk of choking.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. People did not always feel well-supported, cared for or treated with dignity and respect. Regulations have been met.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives gave us examples of how people's privacy and dignity were respected. However, we found this was not always consistent and we did find examples of care practice that required improvement. For example, one person's care visits were being undertaken significantly earlier than scheduled. Care staff failed to recognise this demonstrated a lack of respect for this person's privacy and we found there had been an impact on their dignity in relation to their continence needs.
- People were supported to maintain their independence. One staff member said, "I encourage people to do what they can for themselves like washing their face. It's important for people to be independent."

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us that staff were caring. One person said, "I am happy at the moment." A relative said, "They [the provider] have some lovely carers."
- Staff had received training in equality and diversity and people's individual needs were respected.
- People told us regular staff knew their needs well and care staff we spoke with were able to tell us how they supported people. One person said, "They [staff] have improved." A member of staff said, "I know [person] likes a hot water bottle at night, I make sure they [person] has it."

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

- People and their relatives were involved in the review of their care and records confirmed this. One relative told us, "We had recently had a review with the care manager."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved but remains rated as requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

End of life care and support

- Care plans we sampled at our last inspection did not contain any end of life care plans and this meant that people's wishes, values and beliefs may not be considered at the end of their life. Although there was no-one receiving end of life care during this inspection, we found the provider had still not offered people the choice to have end of life care plans and express their wishes at the end of their life.

Improving care quality in response to complaints or concerns

- At our last inspection, the provider had failed to respond to complaints or concerns appropriately and in a timely manner and we identified a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 receiving and acting on complaints. At this inspection the provider had improved and were no longer in breach of regulation.

- There had been only one complaint since the last inspection which had been dealt with through the provider's complaints policy and outcomes had been recorded.

Details of how to raise complaints had been sent to people so they were aware what to do if they had a complaint. One person told us, "I have no real concerns." A relative said, "I have no major concerns."

People and or their relatives involved in reviews and updated

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly.
- Care plans contained person-centred information, for example, what colour flannel a person preferred to use for their personal care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had a communication policy in place to ensure people could receive information in their preferred communication method, that was easy for them to understand. The provider told us they were introducing a communication card to the new electronic system detailing how service users preferred to communicate.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved but remains rated as 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; Continuous learning and improving care

- At the last inspection we found the provider was not meeting the requirements of the law in relation to the effective governance of the service. At this inspection we found the provider had made some improvements although they continued to fail to meet the requirements of the law.
- The provider had introduced audits of the service to improve the quality of support provided, however, these were not consistently effective in driving forward improvements. For example, the provider's oversight of the call monitoring system remained ineffective. They had not identified whether some care visits had been completed at the required time or whether some had actually taken place. We confirmed from speaking with people that care visits had taken place, however, the provider was unable to provide evidence to confirm they completed these checks and had taken steps to ensure people's needs were met and they were protected from harm.
- We also found concerns with auditing and quality assurance systems that had not identified areas of concern and risk within the service. For example, where documents such as risk assessments were ineffective and failed to provide sufficient guidance to staff members. We found staff understood key risks to people, however documentation was not always in place. Some risk assessments we observed, however, had improved and did contain good information for staff to follow in order to mitigate risks to people.
- The provider had also failed to ensure that where auditing systems did not identify areas of concern, that sufficient action was taken to ensure people were protected from harm. For example; a medicines audit identified someone did not have medicines administered due to them not being available to the person. We found the provider had not explored the potential risk this person was being exposed to and if action was being taken to ensure the medicines were made available promptly. We confirmed during the inspection this person was now safe with sufficient medicines available to them.
- The provider had failed to ensure the recording, monitoring and risk assessment of administration of medication was effective. For example, staff had not always followed the provider's medication policy to update the office of any changes. We found staff had been administering prescribed creams to one person but had not informed the office who were unaware this cream was being applied. The provider was not able to assess or monitor whether this medication was being administered safely and as prescribed.
- The provider had failed to ensure they had developed effective systems to ensure safeguarding concerns were identified and reported promptly to the local safeguarding authority. As a result, one person's needs were not being met and they were put at risk of harm. The provider had failed to take action prior to our intervention due to the failure in their systems.

The provider's failure to ensure that effective systems were in place was a continuing breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

There was no registered manager in post as required by law. In the last 12 months there have been five managers in post, none of whom had registered with the Care Quality Commission. This indicates inconsistent management and leadership at the service. The provider told us they had been trying to recruit a registered manager but had been unable to find a suitable person. They told us their current care manager was going to apply for registration. A fixed penalty notice has been issued to the provider for failing to meet the requirements of the law. This had not yet been paid.

- The provider understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us that the service had improved since our last inspection. They told us the standard of care had improved and that they felt more included. One person said, "They seem better now." A relative told us, "Things have improved."

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 the duty of candour and was open and honest about where the service needed to improve.

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

- Following our last inspection where people did not feel listened to, the provider had introduced telephone questionnaires to gain people's feedback, however, this was not fully inclusive for those people who were unable to communicate by phone and further improvement was needed.
- People and their relatives generally felt that communication had improved and they were more involved in their care. One relative said, "I deal mainly with [care manager], they are excellent, very supportive, they keep me informed. They are easy to contact and speak to."
- Care staff we spoke with told us they felt more supported and listened to. One staff member said, "Managers are really good, they are helpful and answer the questions and queries I might have." Regular staff meetings were held in order for care staff to share their views.

Working in partnership with others

- The provider worked with other health professionals to ensure people received the care and support they needed.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance and audits of the service was not consistently effective in driving forward improvements. The provider's auditing and quality assurance systems had not identified areas of concern and risk within the service. The provider had failed to ensure they had developed effective systems to ensure safeguarding concerns were identified and reported promptly to the local safeguarding authority.</p>

### **The enforcement action we took:**

The service has improved and is no longer in special measures. We are withdrawing our decision to remove the location due the improvements made. Conditions will be imposed upon the provider's registration.