

Firstpoint Homecare Limited

Firstpoint Homecare Darlington

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 19 and 26 April 2016. We gave the provider 24 hours' notice of the inspection to ensure someone would be available.

Firstpoint Homecare Darlington provides personal care to people in their own homes. On the day of our inspection there were 84 people using the service.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The service did have a manager in place who had applied to be registered with CQC.

Firstpoint Homecare Darlington was last inspected by CQC on 15 April 2014 and was compliant with the regulations in force at that time.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and staff and described potential risks and the safeguards in place. Staff had been trained in safeguarding vulnerable adults.

Medicines were stored safely and securely and procedures were in place to ensure people received medicines as prescribed.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act and consent to care and treatment was documented in people's care plan documents.

People who used the service, and family members, were complimentary about the standard of care provided by Firstpoint Homecare Darlington. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

People who used the service, and family members, were aware of how to make a complaint and an appropriate complaints procedure was in place.

Staff felt supported by the manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's consent was obtained prior to receiving any care or treatment.

The provider was working within the principles of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they started using

Firstpoint Homecare Darlington and care plans were written in a person centred way.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

Firstpoint Homecare Darlington

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 19 and 26 April 2016. We gave the provider 24 hours' notice of the inspection to ensure someone would be available. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff and Healthwatch. No concerns were raised by any of these professionals.

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 used this information to inform our inspection.

During our inspection we spoke with five people who used the service and one family member. We also spoke with the manager, operations director and three staff members.

We looked at the personal care or treatment records of six people who used the service. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe using Firstpoint Homecare Darlington. They told us, "Very safe" and "Everything is ok".

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports and driving licences. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the manager and looked at staff rotas. The manager told us each person who used the service was visited by a select group of staff, who they were familiar with, and nine out of ten people would see no more than three staff members per week. The manager told us the majority of staff worked the same hours each week however staff were asked to provide their availability two weeks in advance, which allowed administrative staff the time to make any changes to the rota. One person who used the service told us they received a copy of the staff rota on their mobile phone so were always aware of who would be visiting them.

The manager told us that Firstpoint Homecare Darlington did not use agency staff and any staff vacancies or absences were covered by their own permanent staff and a back-up network of part time staff who could be called upon in case of emergency. The provider operated a national out of hours on call system and the manager provided information about staff availability and compatibility with people who used the service to the out of hours team on a regular basis.

We asked staff about staffing levels and rotas. They told us staffing was, "Very good" and "I've never had any problems". One member of staff did say they had "Moved around a bit" between different areas due to staff sickness in the past but it was "Better now." This meant there were enough staff with the right experience, skills and knowledge to meet the needs of the people who used the service.

The provider had an "Emergencies in a client's home policy." This included the procedures to be followed in case of client unresponsiveness, gas leaks and smell of gas, failure of electric supply, theft or attempted break-in, bogus callers, burst pipes, infestation, bad weather contingency plans and gaining access in the event of non-response. This meant staff were provided with guidance on what to do in emergency situations and to keep people safe.

We discussed with the manager whether they had a contingency plan in place or would prioritise visits in the event of an emergency, such as adverse weather conditions. The manager explained their contingency plan and that people who used the service had been assessed and would be prioritised based on those who were the most vulnerable.

People's care records contained risk assessments, which included pressure area, handling, risk of falls and maintaining a safe environment. For example, one person had reduced mobility and was at risk of falls. Staff were instructed to "Ensure the floor is clear of trip hazards and encourage [Name] to use their zimmer frame at all times." This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

We saw a copy of the provider's safeguarding policy, which provided guidance on the definition of a vulnerable adult, definition of abuse and recording and reporting procedures. Safeguarding records included safeguarding alert forms and referrals, minutes of safeguarding meetings and copies of notifications to CQC. All safeguarding incidents were also recorded on the provider's on-line branch tracker system. We discussed safeguarding with the manager, who was aware of their responsibilities. All staff had been trained in safeguarding and how to recognise abuse, or potential abuse.

The provider had an accidents and incidents policy and procedure, which included an "Accident/incident escalation matrix." This explained how to categorise and deal with specific incidents, including who to escalate to and whether GP or hospital attention was required. All accidents and incidents were recorded on the provider's on-line branch tracker system and included details of the accident or incident, what action was taken and whether any follow up actions were required. This meant analysis could be carried out to identify any trends. Copies of accidents and incidents were also kept in people's individual care records.

We looked at the management of medicines. The manager told us that medicines were not administered by staff however some people who used the service required assistance or prompting with taking their medicines.

The provider had a medicines policy and procedure and staff had signed to say they had read and understood it, and would comply with it.

Some people who used the service had "Client medication and health care tasks" risk assessments in place. This provided information on obtaining supplies of medicines, how the person took their medicines, applying topical applications and a consent statement, which was agreed and signed by the person who used the service. Medicine administration records (MAR) were signed by staff following assistance given to people to take their medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

We saw one person's medicines were kept in a safe in the person's home. Staff were instructed to unlock the safe, take out the medicines, and assist and prompt the person with taking their medicine. The administration of the medicine was then updated on the MAR.

Medicine incident records were completed as required and recorded where the incident happened, time, date and details of the incident and who was notified. Monthly audits of people's medicines took place for those people who were assisted or prompted with their medicines. These recorded what issues had been identified, what actions were taken and the manager's signature.

Is the service effective?

Our findings

People who used Firstpoint Homecare Darlington received effective care and support from well trained and well supported staff. They told us, "It is absolutely spot on", "The girls are fine", "The young lady I have is 100%" and "Very, very happy thank you". A family member raised concerns about some staff who had cared for their relative. They told us, "50% of the girls are fantastic. The other 50% can't wait to go." We discussed this with the manager who told us they had not received a formal complaint however they had contacted the family member to discuss the concerns and was waiting to hear back from them.

New staff completed an induction to the service, which included an introduction to the organisation, three days completing mandatory training and three days shadowing senior care staff. Mandatory training is training that the provider thinks is necessary to support people safely. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Mandatory training included basic skills, managing behaviour that challenges, safeguarding, health and safety, infection control, food hygiene, equality and diversity, mental capacity, moving and handling, medicines, lone working and first aid. Records we saw showed staff were up to date with their training and received annual refresher training, which included the completion of workbooks and assessment papers. The manager told us staff were regularly asked to see if there was any additional training they would like and staff were able to proactively request additional training if they felt it would be of benefit to them in the role. One staff member told us the provider had offered them a diploma in team leading training course. The staff member had accepted and was carrying out this training at the time of our inspection. Staff we spoke with told us their training was up to date and refreshed annually.

We discussed supervisions and appraisals with the manager and looked at records. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The manager told us staff supervisions took place approximately every twelve weeks and staff also received regular spot checks in the workplace. We checked records and saw staff received an annual appraisal and regular supervisions and spot checks. The manager maintained a "Staff compliance record" which was used to identify when supervisions, spot checks and appraisals were due or overdue. This meant staff were fully supported to carry out their role.

Care records showed that people's dietary needs were taken into consideration and people were supported at meal times. For example, one person was unable to prepare their own meals due to reduced mobility so staff supported the person by preparing meals of the person's own choice.

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. We checked whether the service was working within the principles of the MCA. The manager was aware of their responsibilities with regard to the MCA. Staff had been trained in mental capacity and this training was up to date.

We saw consent to care and treatment was documented in people's care plan documents, as well as consent to file sharing and confirmation of the receipt of necessary information and paperwork. All the records we saw had been signed by the people who used the service.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of information obtained and guidance provided from hospitals, GPs, multi-disciplinary teams and the local authority to ensure care plans and risk assessments were accurate and up to date.

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Firstpoint Homecare Darlington. They told us, "Well looked after", "They are one of the family" and "Very caring".

The provider's "Compliments file" included letters from people who used the service and family members, complementing the quality of the care provided by Firstpoint Homecare Darlington. Compliments received in 2016 included, "They have been really good, especially three or four of the regular staff who mum and dad have grown really fond of and go the extra mile", "[Staff] has been consistent in their approach and has taken their time and patience to show care and consideration", "[Staff] has managed to build up a trusting relationship and is now a very positive influence in [Name]'s life" and "The carers were extremely helpful and caring".

People's care records contained evidence that people had been involved in writing their care plans and their wishes had been taken into consideration, for example, we saw the care records included a section where the person could say what name they preferred to be called.

Some people who used the service received assistance with personal care. This included bed bathing, washing, bathing and showering, toileting, dressing and undressing and care of teeth and nails. Care records contained evidence that people were supported to be independent by the care staff with regards to their personal care. For example, "[Name] has a package of care in place to support them to become as independent as possible", "Ensure [Name] is actively involved in the planning of care and promote independence where possible", "Carers are to support and encourage [Name] to be as independent as possible with their personal care" and "[Name] is generally independent in the shower, washing themselves".

Staff we spoke with told us they helped to maintain people's independence. One member of staff told us, "If they can do it, I let them do it. It helps keep their independence for longer." This meant staff supported people to be independent and people were encouraged to care for themselves where possible.

People's privacy and dignity was also taken into consideration. Care records described how staff were to maintain people's dignity, particularly when carrying out personal care. For example, "Ensure [Name]'s privacy, dignity and confidentiality are maintained at all times." Another person used a commode and staff were to reassure the person that it was ok to use the commode, and to empty and clean the commode each morning or at each visit.

People were able to make choices about their care and support. For example, "[Name] will let the carer know where they would like to get dressed and what clothes they would like to wear", "Carers should ask [Name] if they would like assistance with applying cream" and another person had agreed to a referral to a befriending service so someone could keep them company when they were alone in their house.

We asked people who used the service and a family member whether staff respected the privacy and dignity of people who used the service. They told us, "They do indeed", "Absolutely wonderful" and "Always".

Staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. Staff were also aware of people's right to privacy and dignity. They told us, "I know how to protect people and protect their privacy and dignity" and "I always try to imagine if I was looking after my granddad and how he would feel. You should have respect". This meant staff helped to maintain people's privacy and dignity.

We discussed end of life care with the manager. None of the people who used the service required end of life care so did not have end of life care plans in place.

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they started using Firstpoint Homecare Darlington. Each person's care record contained a "New client's details" form, which included important information about the person such as next of kin and GP contact details, medical history, description of the person's needs and number and length of care visits required. This ensured staff knew about people's needs before the person started using the service.

Each person had a care needs assessment carried out, which included detailed information on the person's family and home situation, medicines, sleeping patterns, personal care capabilities, diet and equipment needed.

People's individual care needs were recorded and specific guidance was provided for care staff to follow. For example, one person who used the service had chronic obstructive pulmonary disease, which meant they had difficulty breathing. Staff were instructed to "Encourage [Name] to take their time whilst completing tasks, sit down if needed and remind to take their inhalers regularly." Another person who used the service was identified to be at risk of pressure sores as the person was unable to mobilise independently. The person's care plan included instructions for staff to follow, including moving and handling techniques, when transferring the person using a mobile hoist.

Care records were up to date and regularly reviewed. Staff told us care records and daily notes were checked regularly by senior care staff and the manager was informed if any changes were required, specifically if people who used the service had changing care needs. This meant care records were up to date and appropriate for people's needs.

Detailed notes were maintained of each visit to a person who used the service and recorded actions carried out, details of any conversations and documented if the person had cancelled any calls.

Annual review meetings took place with the person who used the service, the manager, staff and family members, to discuss how the care package was working, whether any changes were needed and whether the person was satisfied. The manager told us these meetings were arranged more often if required.

None of the people who used the service were supported to take part in any leisure activities however one person received assistance from a member of staff to do their shopping once per week. This was via a free bus service to the local supermarket.

The provider had a "Complaints and positive feedback policy." This described the different stages of the complaints process, including timescales for responding to and dealing with complaints, a complaints procedure flow chart, escalation matrix and details of who to contact if the complainant was not happy with the action taken.

The complaints file included, for each recorded complaint, details of each individual complaint, a complaint investigation form, a complaint interview form, copies of letters of response to the complainant, a complaint outcome survey and a lessons learnt form. All the complaints we looked at had been dealt with appropriately.

People who used the service told us they were aware of the complaints procedure and who to contact if they had a complaint. Most of the people we spoke with told us they did not have any complaints about the service. One person told us they had made a complaint about a missed call. We discussed this with the manager and saw records that showed the complaint was being dealt with and the person had been contacted to arrange a meeting with the manager. This showed the provider had an effective complaints policy and procedure in place.

Is the service well-led?

Our findings

At the time of our inspection visit, the service did not have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The service did have a manager in place who had applied to be registered with CQC.

Staff were regularly consulted and kept up to date with information about the home and the provider. We saw records of staff meetings, which took place quarterly, and included discussions on timesheets, confidentiality, contacting the office, paperwork, holiday requests, daily notes and medicine administration records. Meetings were held in different locations so staff did not have far to travel to attend the meetings. Senior staff and office staff meetings also took place regularly.

Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. They told us there was a good relationship with the management and office staff, and the service had an open door policy. They told us, "They listen to what we want", "If I have a problem, they look into it", "I love it. It's one of the best companies I've ever worked for" and "I love my work".

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider carried out a full audit of the service, the most recent audit had been carried out on 10 March 2016. This included an audit of 10 care records, including whether reviews were up to date, nine staff files, medicine administration records, missed calls and complaints. The manager told us these audits were carried out bi-annually.

The provider held a quarterly "Compliance meeting" for senior management and the minutes from these meetings were sent to each location for the manager at each service to disseminate. The provider also held a quarterly "Clinical forum meeting" for service managers, the last of which was held in November 2015. The agenda for this meeting included the branch tracker, complaints, medicines, spot checks, supervisions and the on call system.

The manager delegated audits of the "Daily client notes" to senior care staff. We saw records of these audits, which included the date of the audit, any issues or concerns identified, what action was taken and the signature of the person carrying out the audit. Staff told us any identified issues were highlighted to the manager.

Spot checks were also carried out on each member of staff on a regular basis. These checked whether the member of staff arrived on time, was wearing the correct uniform and identification, read the care plans and previous daily notes, followed the provider's policy on PPE (personal protective equipment) and jewellery and nail products, and any additional comments.

We saw an annual customer satisfaction survey took place, the most recent had just been sent out to people who used the service and their family members. This included questions on the punctuality, reliability and suitability of the care staff, people's experience when contacting the office, how complaints were dealt with

and whether the service was providing value for money.

The manager told us they were introducing telephone assessments, where office staff would contact people who used the service via telephone to obtain feedback. This was to complement the existing postal survey and annual review processes.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.