Firstpoint Homecare Limited

Firstpoint Homecare Bristol

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

The inspection took place on 15 and 17 August 2017 and was announced. We gave the service 24 hours notice of the inspection to ensure that key people we needed to meet with were available. The last full inspection of this service was 5 and 11 January 2017. At that time we found six breaches of regulations of the Health and Social Care Act 2008. We issued one Warning Notice and expected the service to have achieved compliance by 23 March 2017. As part of this inspection we followed up to ensure the appropriate improvements had been made and sustained.

The service provided personal care support and household support to people living in their homes in the Bristol and South Gloucestershire areas. At the time of our inspection a personal care service was provided to 50 people. A small number of other people were supported the household support but this does not come within our remit. The service employed 24 care staff and was actively recruiting additional care staff in order to meet demand to cover care packages.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People received a service that was safe. All staff received safeguarding adults training. This meant they knew what to do if there were concerns about a person's welfare. The service had raised concerns appropriately with the local authority where they had concerns. Staff also received moving and handling training so that people who needed assistance to move from one place to another were supported correctly. Staff recruitment procedures were safe which meant unsuitable staff could not be employed. Any risks to people's health and welfare were assessed and their care was organised to reduce or eliminate the risk and chance of harm. People who were supported with their medicines were supported safely because staff had been trained.

People received an effective service. The care staff had the necessary skills and experiences to meet peoples needs and training was regularly updated. The staff team were well trained, received regular supervision and supported by the registered manager and colleagues to do their jobs effectively. People received an effective service because the care staff were given clear instructions about how they had to support people. Where required, people were supported to have sufficient to eat and drink where this had been assessed as part of their care package. People were supported to access health care services if needed.

People received a caring service. People were satisfied or very satisfied with the service they received and complimentary about the care staff who assisted them. People were treated with kindness and respect. Those staff we spoke with were respectful when talking about the people they helped and knew of the importance of having good working relationships. The views and opinions of people were sought and they were encouraged to have a say about how they were looked after and the way the service was delivered.

People received a responsive service that took account of their specific care and support needs. Assessment and care planning processes ensured each person received a care service that met their own specific care and support needs. Peoples preferences and choices were respected. Regular reviews were undertaken and the care package adjusted as and when needed.

People received a service that was well-led. The registered manager and senior care staff provided good leadership for the care staff. A programme of quality checks had been introduced since the last inspection.

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.

People were safe and protected from harm. The staff knew what to do if concerns were raised and received training in safeguarding adults.

Recruitment procedures had been improved and ensured only suitable staff were employed.

Risks to people's health and welfare were well managed. Assessment of the work place for care staff ensured they were not placed at risk.

The service employed sufficient care staff to ensure they met the care and support needs of the people they supported. New packages of care were only taken on when the service had the capacity.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were looked after by staff who had received the necessary training to enable them to carry out their role.

The service worked within the principles of the Mental Capacity Act (2005). People were asked to consent before staff helped them with tasks.

Where needed people were provided with sufficient food and drink. They were assisted to see their GP and other healthcare professionals as required.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service was responsive.

People received the care they needed and this was adjusted as and when necessary. People were asked about how they wanted to be looked after and listened to if they had any concerns or complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager and senior care staff provided good supportive leadership for the staff team.

People were asked to express their views and opinions about the service. Audits were undertaken to monitor the quality and safety of the service.

Firstpoint Homecare Bristol

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide an updated rating for the service under the Care Act 2014.

The inspection was undertaken by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we spoke with the registered manager and registered managers from other, Firstpoint Homecare branches who were visiting the office. We also spoke with five other members of the care team including the branch trainer.

We spoke with seven people who were provided with personal care and support from the service and four relatives of people who were supported. We looked at seven people's care records, six staff recruitment files and training records, key policies and procedures and other records relating to the management of the service.

We contacted three social care professionals after the inspection and asked them to tell us about their experience of working with the service. They provided us with positive feedback about the service and we have included this in the main body of the report.

Good

Is the service safe?

Our findings

When we inspected in January 2017 the service was in breach of two regulations. This was in respect of their recruitment procedures and some aspects of the management of medicines. Both areas have been checked on this inspection and we have found the necessary improvements have been made and sustained.

We asked people who used the service if they were safe. They told us, "I enjoy the visits from the girls and we have some fun together", "When the staff come into the house they always call out who they are. I feel safe with them in the house" and "The staff are very gentle with me and understand when I am walking that I am not very fast". Relatives told us, "I have no concerns about my daughters safety" and "Dad has never told us he is worried about the staff and always looks forward to the visits". Social care professionals did not raise any concerns with us regarding the safety of people who used the service.

Those staff we spoke with knew what to do if they witnessed, were told about or suspected a person was being harmed of abused. They received safeguarding adults training as part of the mandatory training they all had to complete. Staff would report any concerns they had to the registered manager but also knew they could report concerns directly to the police, the local authority (Bristol City Council or South Gloucestershire Council) and the Care Quality Commission. The staff were given a copy of the staff handbook and this contained all the contact telephone numbers and information regarding safeguarding reporting protocols. The service had recently completed a service user satisfaction survey and those who had so far responded were either satisfied or very satisfied that care staff were professional at all times.

The service had raised four safeguarding alerts since the last inspection in January 2017 where there were concerns about the welfare and safety of people they supported. The concerns were reported correctly and appropriate action was taken by the service. The service has been subject to safeguarding monitoring by South Gloucestershire Council since the end of 2016 but no new safeguarding concerns have been raised by other parties and this monitoring has now ceased. The registered manager was booked on a course on 4 September 2017 with South Gloucestershire Council to do the safeguarding adults alerter training.

The recruitment procedures had improved since the last inspection and we checked the files of every new member of staff who had started working for Firstpoint Homecare Bristol since January 2017. The procedures followed ensured the service did not recruit unsuitable staff. Pre-employment included written references from previous employers and an enhanced disclosure and barring service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. During an interview an assessment was made of the applicants suitability for employment and any gaps in employment were explored.

Risk assessments were undertaken at the start of service provision to ensure any risks to people's health and welfare were managed in order to reduce or eliminate the risk of harm. Risk assessments were completed for each person in respects of skin integrity, the likelihood of falls, medicines, nutrition and moving and handling. At the time of the inspection the service only looked after one person who needed to be supported by the care staff to move or transfer from one place to another. A moving and handling plan was

written and this detailed the equipment to be used and the number of care staff required. Risk assessments were kept under review and amended as and when necessary. An environmental assessment of the person's home was completed to ensure the work place was safe for the care staff and kept under review. Care staff were expected to report any new or developing health and safety concerns to the registered manager. Care staff were also expected to report any accidents or incidents that occurred whilst they were supporting people, for example falls.

At the time of the inspection the service employed 23 members of care staff. New packages of care commissioned by the local authority, were only taken on if the service had the capacity to meet the person's care and support needs. The service had sufficient staff in order to meet the care needs of those people being assisted but had a continual process of care staff recruitment in order to be able to support new packages of care.

The preference was for people to retain responsibility for their own medicines. Where people needed support with their medicines the exact level of support was determined during an assessment of their care needs. People were assessed to need level one (general support, prompting and assisting), level two (administering) and level three (administration by specialist technique) support. Care staff were not involved in obtaining or collecting people's medicines. How the person was to be supported was detailed in their care plan. Care staff received safe administration of medicines training and did not support people with their medicines until this had been completed. Regular checks were also made of their competency to ensure people were safe and not at risk from bad practices. We saw records in staff files to evidence where these spot checks on work performance had been undertaken. Staff confirmed these arrangements were in place. Staff had to complete a medicine administration record (MAR) sheet after they had supported people with their medicines. New MARs were introduced on 1 August 2017 and staff said they were much improved. These forms were returned to the office at the end of each month and checked for completeness by the registered manager. The service had a procedure in place to deal with any medicine errors, this could involve suspension from supporting people with their medicines to re-training. Because of the measures in place people were protected against the risks associated with medicines.

Good

Is the service effective?

Our findings

When we inspected the service in January 2017 we rated this area as requires improvement and there was a breach of one regulation. This was because improvements were required with staff training, particularly with new recruits joining the service. We checked at this inspection and we found the necessary improvements have been made and sustained.

People told us, "They came and saw me and talked about how they could help me. I was asked lots of questions about the help I needed and that's what they do", "The girls know what they have to do and sometimes do little extras too" and " I couldn't manage without the help Firstpoint provides and I don't want to go into a care home". Three relatives told us the service was effective because it was reliable, communication with the office was good and they had "never been let down".

The local authority told us the service had greatly improved with their compliance with the electronic monitoring system (used to log the time of arrival of care staff, the length of stay and the time of departure). When the service was last inspected in January 2017, the aura rate as it is referred to was 40%. In June this had risen to 69%, July 88% and August 86%. The local authority expects a 90% rate and the service were very nearly there.

There was an induction training programme for all new staff to complete at the start of their employment. Those newer care staff we spoke with said the induction training programme had prepared them for their role and they did a number of shadow shifts with an experienced member of staff initially. The trainer told us the number of shadow shifts depended upon how confident the new member of staff was. Staff who were new to the care sector completed care certificate training. The care certificate was introduced as the minimum standard for induction for those commencing a career as an adult social care worker. The service had a care certificate competence record and we saw completed records in some of the staff files we looked at. We did note that all parts of the record (15 modules) for one member of staff had been signed off on the same day. We discussed this with the registered manager and the trainer during this inspection. The provider should review this practice to ensure all new care staff were fully prepared for their role. This would ensure that the appropriate amount of time was spent on each module, so that staff had sufficient time to learn new information.

For all other staff there was a programme of mandatory update training. Two staff members we spoke with had completed their update training on 16 August 2017. This training was delivered by the trainer as a taught session and included medicines awareness, an introduction to the Mental Capacity Act 2005 (MCA), safeguarding of adults and children, various health & safety subjects, moving and handling and emergency situations. A training matrix was kept in order for the trainer to know when update training was due for each staff member.

Fourteen of the staff team had already completed level two qualifications in health and social care (previously called a National Vocational Qualification (NVQ) now a diploma). There was an expectation that any new staff would undertake diploma training after their probationary period. Examples of other training

completed by the staff team include specific clinical conditions, for example diabetes, continence care, dementia awareness, person centred care and care documentation (after new paperwork had been introduced). The trainer had completed a 'train the trainer' course in September 2016 and was qualified to instruct the care staff on current best practice with moving and handling procedures.

All staff received regular supervision sessions and a yearly performance appraisal. The supervisions were either a face to face meeting or a direct observation of their work performance. Staff confirmed they had meetings with the registered manager or a senior member of staff and they were well supported. Staff meetings were held on a three monthly basis however staff were able to call in to the office at any time.

We checked whether the staff were aware of the principles of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. People confirmed they were always asked if they were happy for the care staff to assist them. Staff told us they asked people to give their agreement before they started to provide any assistance. One member of staff talked to us about a person they supported whose finances was managed by the local authority and the procedures they followed to ensure monies were all accounted for.

As part of the assessment procedures when the service was set up, the need for a person to be supported with food and drink was identified. Staff would report any concerns if a person was not eating or drinking sufficiently to the registered manager or health care professionals.

People were supported to contact or see their GP, or other health care professionals whenever necessary. Where people were supported by other health and social care professionals, for example the district nursing teams, physiotherapists and social workers the staff team worked alongside them to make sure people were well looked after. Staff reported any concerns they had regarding people's health and welfare to the registered manager and would also make a note in the person's care notes.

Good

Is the service caring?

Our findings

When we inspected the service in January 2017 we found that the people who were supported at that time received a kind and caring service from Firstpoint Homecare Bristol. Our findings during this inspection evidenced that the service remained caring.

People said, "They are very lovely girls, I enjoy their visits", "They phone me if the staff are going to be late because they know I get very worried", "all the staff are very good, kind and caring" and "My main carer is really lovely. Actually they are all kind". One relative told us the staff genuinely cared for their mother and another said the regular care staff had a very good relationship with their family member. No concerns were raised with us, from those we spoke with, to suggest that the service had not continued to be caring towards the people assisted.

Staff spoke nicely and professionally about the people they looked after and said they generally went to the same people each week. This enabled them to form good working relationships with the people they supported. Initially findings from the service's own survey confirmed that people were visited by regular care staff who they already knew. Also, people said they were treated with dignity and respect and they were satisfied or very satisfied.

All the staff we spoke with said they enjoyed their job and liked working for Firstpoint Home Care Bristol. Those who had worked for other care providers said this service compared favourably to the others. They all said they would recommend the service to family and friends, both to receive a service and to work for.

People were included in having a say about the service they received. Their views were paramount and the care staff acted upon what they had to say. A copy of each person's care plan and the other records the care staff kept were accessible to them and kept in their homes. The senior care staff, trainer and registered manager monitored the entries made by the care staff at the end of each visit they made and ensured the records were respectful and professional.

The registered manager told us the service would do their very best to continue providing a care and support service to people when they were at the end of their life or receiving palliative care. The service would work in conjunction with families and health and social care professionals.

Good

Is the service responsive?

Our findings

When we inspected the service in January 2017 we rated this area as requires improvement. This was because improvements were required with care planning process; they lacked sufficient detail to inform care staff what they had to do. We checked at this inspection and found the necessary improvements have been made and sustained.

We asked people if they received the service they had agreed to and if their needs changed, whether the service responded to these changes. People told us they received the visits as planned and "missed calls were a thing of the past", the timing of calls had improved and "if the staff are going to be late the office tell us". One person told us they had been unwell recently and the care staff had stayed a little longer to help them and make sure they were OK. The registered manager told us when people's care packages were commissioned by the local authority, they had to make a referral to the duty desk and ask for a care review. There was generally a delay in this review happening however the service would increase the support to any person where there was a risk of ill health or injury.

A social care professional told us the service had significantly improved and now offered continuity of care and was responsive to people's individual care and support needs. They said there was good communication with the registered manager who always reported back to them how things were going and informed them of changes.

The service was provided to people whose care packages were commissioned by the local authority. They provided a copy of the person's assessment and care plan and this formed part of the 'contract'. These were used to decide whether the service could provide a package of care which met the person's needs. Senior care staff met with the person and completed their own assessments, involving the person and any other representatives, in deciding how the service was to be arranged.

The sample of care plans we looked at were informative and provide a good level of detail for the care staff to work to. Care staff were expected to report any changes in people's care, support and health needs to the office staff. One care plan said the person's first language was not English but they could understand if the staff spoke slowly to them. Another person's plan provided detailed instructions regarding the level of help they needed to take their medicines. Each person, or their relatives told us there was a care file in the home containing a copy of the care plan. The plans informed the care staff how that person would like to be supported to achieve their outcomes on the morning visit (or lunch time call, afternoon call or evening call). The required improvements we had identified at the last inspection had been acted upon.

People were also provided a client service guide containing information about the service. This guide detailed the out of hours contact arrangements and the complaints procedure. People and relatives we spoke with told us they knew what to do if they had any concerns about the service or the staff and felt they would be listened to. The registered manager told us a schedule of visits for the following week was sent out on a Wednesday to those people who had requested one.

People were encouraged to have a say about the service they received. At the time of the inspection the care plans were reviewed on a monthly basis with the person. This would be achieved either during a face to face meeting with the person or by a telephone call. We had a conversation with the registered manager during the inspection regarding these reviews as the records made of the conversations were very brief. The registered manager may want to consider undertaking these reviews less often but making them more meaningful and robust.

We asked people if they had any complaints or concerns about the service they received, whether they would raise them with the office. They all confirmed they would feel able to do this. One person told us they had raised issues in the past and everything had been sorted out. The service had a complaints and positive feedback policy and this was reviewed annually. The procedure was that any complaint received would be acknowledged within three working days and investigated and responded to within 28 days. The policy made reference to the local authority, the local government ombudsman and the Care Quality Commission. The registered manager had not had to deal with any formal complaints since the last inspection but talked through the procedures they would have taken. The Care Quality Commission have received no complaints about this service.

Good

Is the service well-led?

Our findings

When we inspected in January 2017 we rated this area as inadequate and there were three breaches of the regulations. The breaches were in respect of management changes within the service not being notified to CQC, a lack of effective quality monitoring systems (governance arrangements) and a failure to send notifications of some events to CQC. We issued a warning notice regarding the lack of governance arrangements and during this inspection have checked that improvements have been made and sustained. We also checked the other two areas and found the necessary improvements had been made and sustained.

Those people we spoke with, relatives and social care professionals stated the service had improved and they were satisfied with the service they received or the way the service was run. Care staff said they were well supported by the registered manager and their work colleagues.

Service user satisfaction survey forms had just been sent out to people using the service. They had been asked to comment on punctuality, reliability, the staff, how they were treated and the service they received. A small number of completed forms had been returned to the office with people stating they were satisfied or very satisfied with the service. Staff survey forms had also been distributed and those returned showed satisfied or very satisfied responses.

The registered manager said staff meetings were arranged on a three monthly basis but there had been no recorded meetings since March 2017. One was scheduled to happen in September 2017, the longer gap due to summer time leave. Staff said they were always able to call in to the office and were encouraged to have a say about how the service was run and to make suggestions if things could be done differently.

Each Friday the registered manager had to complete a weekly report and submit to their manager. This informed the provider how the service was running and included details about the numbers of care hours delivered, new care packages and new staff starters, any safeguarding issues and complaints received, missed calls and accidents and incidents.

A programme of regular audits was in place to check on the quality and safety of the service. The medicine records and the homecare booklets (a record made by care staff detailing how the person had been supported during a visit) had to be returned to the office each month. They were then audited by one of the senior care staff. Where gaps were identified in the records, this was addressed with the relevant member of staff. If a member of staff continued to not complete the paperwork correctly they would have a meeting with the registered manager. This process ensured care documentation was completed accurately. Other checks that were completed included those on the time sheets, spot checks of staff and supervision records. The registered manager looked at the circumstances leading to any accidents or incidents, complaints or safeguarding alerts. This was in order to identify any trends and enable the service to make any improvements and prevent reoccurrences.

The registered manager was aware when notifications of any events had to be submitted to CQC. These

notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. Since the last inspection the service had notified us of one expected death; this had not occurred when the regulated activity of personal care was being delivered. Notifications about deaths only need to be submitted to CQC if the person using the service died whilst care was actually being delivered. Notifications had also been submitted when the staff had safeguarding concerns regarding people they supported. These concerns were also reported to the local authority.

All staff were given a copy of the employee handbook. These contained information about key policies and procedures. All policies and procedures were regularly reviewed and amended as and when necessary.