Firstpoint Homecare Limited

Firstpoint Homecare - Birmingham

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 18 February 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary and nursing care to people living in their own homes and we wanted to make sure staff would be available. At our last inspection in February 2014, the provider was meeting the requirements of the regulations inspected.

Firstpoint Homecare Limited is a domiciliary care agency registered to provide personal and nursing care to people living in their own homes. Firstpoint Homecare Limited also provides support to people on a daily basis that includes staff living with the person in their own home. The support is provided by means of set hours. For example nine till five each day and then another member of staff would remain overnight to support the person. The service currently provides care and support to 50 people, ranging in age, gender, ethnicity and disability.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had quality assurance and audit systems in place to monitor the care and support people received. Although not all the systems were effective; the complaints process did not always record a person's dis-satisfaction of the service and what action had been taken. This required improvement to ensure the quality of the service was sufficiently monitored for improvements and what action plans had been implemented.

People were left safe and secure in their homes. Relatives believed their family members were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff was provided with sufficient guidance on how to support people with specific medical conditions. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People were supported by staff that had been safely recruited. People were supported with their medication by staff that had received appropriate training.

Most people felt staff had the skills and knowledge to care and support them in their homes. Staff were trained and supported so that they had the knowledge and skills to enable them to care for people, in a way that met people's individual needs and preferences. Where appropriate, people were supported by staff to access health and social care professionals.

People were supported to make choices and involved in the care and support they received. The provider was taking the appropriate action to protect people's rights to ensure their liberty was not being deprived.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs. People were supported with their healthcare needs because the provider involved family members if concerns were identified.

People felt they could speak with the provider about their worries or concerns and most felt they would be listened to and have their concerns addressed.

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 felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because risk assessments were in place to protect them.

People were supported by staff that were recruited safely, to ensure that they were suitable to work with people in their own homes.

People were reminded by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective

People were supported by staff that had the skills and knowledge to assist them.

People were happy with the care provided by their regular staff and were supported to make decisions and choices about their care.

People received additional medical support when it was required.

Is the service caring?

Good

The service was caring

People were supported by staff that was kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they received.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive

People received care and support that was individualised to their needs, because staff was aware of people's individual needs.

People knew how to raise concerns about the service they had received.

Is the service well-led?

Requires Improvement

The service was not always well-led

Quality assurance and audit processes were in place to monitor the service to ensure people received a quality service. Although the recording of complaints was not always effective.

People were encouraged to provide feedback on the quality of the service they received.

People were generally happy with the quality of the service.

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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.

The inspection took place on the 18 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure that someone would be available to meet with us. The inspection team consisted of one inspector.

We looked at the information we held about the service. This included notifications received from the provider which they are required to send us by law. We contacted the health and local social care authorities that purchased the care on behalf of people, to see what information they held about the service.

During our inspection we spoke with eight people that used the service, four relatives, five care staff, the registered manager, the branch manager and the compliance and quality manager. We looked at records that included six people's care records, recruitment and training records of six staff. This was to check that recruitment, training and support for staff were sufficient for them to provide good quality care. We also looked at other records relating to the monitoring of the quality of the service including complaints and audits completed by the provider.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff were in their homes and supported them with their care needs. One person said, "Staff use the hoist to help me and they always use it safely." Another person told us, "I feel very safe with the staff in my home." We saw that staff had received safeguarding training to protect people from the risk of abuse. Staff we spoke with identified what could suggest abuse and were aware of their responsibilities to report concerns. A staff member said, "If I saw any unexplained bruising or the person was very withdrawn, which was unusual for them, I would speak with my manager." Staff we spoke with also explained how they ensured people were kept safe in their homes. One staff member told us, "When I leave [person's name] I make sure they are safe and comfortable with a drink close by." Another staff member said, "I make sure everything is in its place and that there are no trailing wires that could trip people up."

One person explained how they had received an initial visit from the registered manager to discuss their individual needs. A relative told us, "One of the things that impressed me the most was the detail taken at the assessment by a qualified nurse." We saw the care plans we looked at contained detailed risk assessments. They included information about the person's home and living environment, identifying potential risks for staff to be aware of. For example, indicators to look out for that could suggest a change in people's medical conditions. This gave staff guidance on what to look for should people become unwell. Without the correct information and guidance for staff to follow, this could lead to symptoms not being recognised and a delay in staff identifying the risks to people. For example, an infection or the early onset of a pressure ulcer. We asked staff what they would do if presented with symptoms they did not recognise. One staff member explained, "Everyone I support lives with a relative so I would tell them straight away and contact the office. If I needed to call for an ambulance, I would stay with the family until the ambulance came."

Seven of the people we spoke with told us they were 'usually' supported by the same staff members. A person said, "I'd love to have [staff name] every day but they have to have a break (laughing)." Another person told us, "I generally have the same staff; they are, at times late but always call me to let me know." A relative said, "We see the same staff and they always stay the right amount of time, we have never had a missed call." One person explained they had experienced a missed call. We discussed this with the branch manager and they gave an account of the circumstances around this incident. We confirmed with the person they had not been left without care or support. They told us alternative care provision was put in place and they had not come to any harm.

The staff we spoke with felt there was sufficient numbers of staff to support people on their regular area rounds. A staff member said, "I've been working for Firstpoint for a while and see the same people which is great because you can get to know them really well. We have a consistent number of carers on our run so I think we have enough staff." Another staff member told us, "I can't speak for everyone but I think we have enough staff, if anyone in our run needs time off we tend to provide cover between us."

Staff spoken with explained they were interviewed and their references and police checks had been

completed before they started to work for Firstpoint Homecare. We checked the recruitment records of six staff and found the necessary pre-employment checks had been completed. All staff records we looked at showed current Disclosure and Barring Services (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. However, on one record we noted there were gaps in their employment that had not been explored in more detail and there were discrepancies between their past employment dates with the dates provided by their referees. We discussed this with the registered and branch managers. We saw the staff member had been in post for over 12 months. During this time they had received regular supervision, no complaints had been received and the quality of their work had been established through spot checks. A spot check is completed by a senior member of staff observing the working practices of staff.

Three of the eight people we spoke with told us staff would 'pop' their medicines into a container for them to take. Staff confirmed to us that they reminded people to take their medicines. One staff member told us, "I don't actually give people their medicine I put the medicine out and remind them it is there." Staff spoken with also told us they had received training in how to support people with medicines. We saw that risk assessments had been carried out. These identified what support people needed with their medicines. We saw that systems were adequate to record what medicines staff had prompted people to take. People told us they received appropriate support with their medicines and records reflected this on the recording sheets.

Good

Is the service effective?

Our findings

Generally people and all the relatives we spoke with felt that the quality of the support delivered by staff was consistent. Six of the people spoken with felt that staff had the correct training and knowledge to meet their needs. A person said, "Staff always do enough for me, always make sure I'm comfy, they're good." Another person told us, "I am very confident in the staff's ability to care for me." A relative told us, "They're [staff] skills are excellent, they are teaching me about the different things that need to be in place to support [person's name]." The staff we spoke with was able to explain to us about the individual needs of the people they supported. One staff member said, "When I arrive, I check the care plan to see what has been done and if there is anything I need to be made aware of." Another staff member told us, "[Person's name] can't always tell me but I have been caring for them for a while and have got to know what they like and don't like." Two people felt staff did not always have the necessary skills to support them. We spoke with the people at length to determine what effect this had on their overall care. Both confirmed they generally received care and support from the same staff and were not put at risk or felt unsafe. However, both people did become frustrated when unfamiliar staff needed to be told how to care and support them. We discussed this with the branch manager who told us they would speak with both people to determine what the issues were and how they could be resolved.

We saw that new staff members had completed induction training which included working alongside an experienced member of staff. One staff member told us, "I shadowed a colleague during my induction which I found was very useful and helped me to understand the clients' needs." Another staff member said, "At the end of my induction I went through a checklist, answering questions with the manager before being signed off." The registered manager confirmed and we saw that staff completed the provider's compulsory training each year, with additional specialised training available to those who requested it. Staff told us they felt they had the necessary training and they felt supported with their training. One staff member told us, "The training is good." Another staff member said, "If you want something specific that will help you support the person you are caring for, the manager will arranged it."

Staff we spoke with told us they received supervision every six to eight weeks from a member of the management team. This was confirmed in staff records which included spot checks on individuals. We saw where problems had been identified through the checks; these were discussed with staff in their supervision. Examples were also raised at team meetings to share experiences, encourage and promote good practice, with the aim to continue to provide an effective service for people.

People were supported to make decisions about the care they received. People we spoke with said staff would always explain what they were doing and ask them for consent before carrying out any support and care needs. One person said, "Staff explain to me what they are doing." Another person told us, "[Staff name] always asks permission before doing anything." A relative explained, "Every time they [staff] come to visit, they always try to involve [person's name] asking them what they want and checking if it is ok for them to help her." Staff confirmed that they had regular calls and had got to know the people they supported. Relatives told us that they were able to have an input into planning care with their family member. Staff explained how they involved people in their day to day choices. For example, people were asked what they

wanted to wear and eat and if they refused support this was respected.

We were told by the provider that most of the people they provided a support service to, had the mental capacity to make decisions about their care. We saw from one care plan we looked at that a best interest decision had been made in line with the requirements of the mental capacity act (MCA). MCA is important legislation that sets out the requirements that ensure where people are unable to make significant and day to day decisions, these are made in their best interest. Deprivation of Liberty Safeguards (DoLS) are in place so that any restrictions are lawful and people's rights are upheld. The registered manager confirmed to us there was no one whose liberty they felt was being restricted. They explained to us what process they would follow if this changed and gave us examples of what could constitute a deprivation of a person's liberty. This showed that people were supported in line with the requirements of the MCA and DoLS.

Most of the people we spoke with told us they did not require assistance from the staff with their nutritional diet. This was because they either maintained it themselves or their relatives supported them. Staff we spoke with explained they did sometimes support people with their food preparation. One person told us, "They [staff] make me a sandwich at lunch time when they visit." A relative explained, "We've had some really useful tips from staff about [person's name's] nutritional needs which we have taken on board." A staff member said, "We do give clients hints and tips about food which they have said has been helpful." Staff we spoke with explained when they had finished their tasks they always left people with sufficient snacks and drinks. A staff member said, "I always leave juice or water close by for people so they don't get thirsty."

We saw from care plans there was input from health and social care professionals, for example, district nurses, GPs, social workers and health workers. People we spoke with confirmed they were supported by additional healthcare professionals. A staff member told us, "I saw the sore area had become more inflamed, I marked the area affected on the care plan, let the office know there had been a change, the manager then contacted the nurse who went out on the same day." We saw that staff understood when it was necessary to seek emergency help, which ensured people's health care needs continued to be met.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff was caring and kind and they received the help and support needed. They said the staff were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, "I am treated very well I wouldn't change anything." Another person told us, "They are all lovely, very kind and very patient, they don't go until they have done everything I ask them to, they are all very good." A relative said, "[Person's name] loves them [staff], they make her laugh, she looks forward to seeing them."

People told us they were involved in planning the care they received from staff and that the staff listened to them. Staff was able to explain to us about things people were able to do for themselves. One person told us, "They [staff] let me do things for myself." Another person said, "I'm very happy with the carers they do what I ask them to do." A staff member told us, "[Person's name] has limited use of their limbs but I always try to encourage them to comb their hair or wash their face." A relative we spoke with said, "The carers are conscious of what [person's name] can do and try not to take that little bit of independence away."

We saw that people were provided with a detailed 'client services guide '. Contained within the booklet were, for example, contact details for the office, copy of complaints policy, information relating to safeguarding, medication management and a copy of the person's care plan. The guide was made available in different written formats for example, a larger font size, different coloured paper or Braille. The registered manager explained they discussed the guide with the person and relatives at the time of the assessment. We saw that care plans contained a signature sheet completed by the person and/or their relative to indicate they had read the guide.

People and relatives told us that they never heard staff talk disrespectfully about another person while they were in their home. One staff member said, "We never talk about other people when we are with somebody." People told us staff was discreet and they felt assured their personal information was not shared with other people on the service.

Staff told us they always treated people with respect and maintained the person's dignity. One person told us, "Staff are very polite and respectful when they come." A relative told us, "[Person's name] has difficulty talking but the staff always talk to him and when he does try to speak, they never talk over him, they let him finish, and they're very patient." Staff gave us instances of how they ensured a person's dignity and privacy was maintained. For example, always making sure people were covered, wherever possible, when supporting them with personal care, relatives were politely asked to leave the room and curtains and doors were closed.

Good

Is the service responsive?

Our findings

Most of the people and all the relatives we spoke with told us they felt people's needs were being met. People and relatives confirmed they had been involved in the initial assessment process with how care and support needs would be delivered. We saw that assessments were carried out and care plans written to reflect people's individual needs. Each of the care plans we looked at had a copy of the care plan, which had been or was due to, be reviewed. The plans were individual to the person's care and support needs and contained information about the person's life history. One staff member told us, "It's nice to know about people's past, it gives us things to talk about when we visit."

One person said, "The manager has recently been out to review my care needs." A relative told us, "I make sure I am involved in all the care reviews." The registered manager told us that reviews took place every 12 months, although if there was a change in a person's care and support needs, a review would take place to reflect any changes. Staff told us they were not directly involved in the reviews; although all staff spoken with confirmed any changes in a person's health would be notified to the management team immediately.

Staff we spoke with confirmed their knowledge of the people they supported; including an understanding of people's likes and dislikes. Staff demonstrated to us, through examples, how they supported people, by encouraging people to do as much as they could, for themselves. One person said, "I do as much as I can for myself but the staff are there to help if I need them. We saw from records that people generally had consistent carers, who provided regular support to them. A staff member told us, "Before I do anything I always ask them what they would like me to do and if they would like to try for themselves."

People and relatives we spoke with told us they were generally happy with the service received from the provider and had no complaints they wished to raise. One person told us, "I did complain and they quickly sorted it out on the same day, I have no complaints now." Another person told us, "On occasion staff are late but I am very happy with the service, if I wasn't I'd soon let them know." A relative told us, "They [provider] have helped us to get an increase in the hours of support, the manager is helpful and responsive and easy to contact." We saw from daily record sheets for the last two months staff regularly visited the same people. This helped to maintain consistency of care for people and supported staff to develop a connection with the person.

Most of the people we spoke with confirmed if they did want to complain they would feel confident the provider would deal with their concerns quickly. There were two issues currently being discussed between the provider and two people we spoke with. We saw there had been a further two complaints recorded since the last inspection that had been satisfactorily resolved. People and relatives we spoke with confirmed they had received visits from the registered manager, when spot checks were completed on staff, to check if they were happy with the service. People also told us that they had received telephone calls to check if they were happy with the service they received.

Requires Improvement

Is the service well-led?

Our findings

We saw that there were systems in place to monitor the quality and safety of the service and that some of these were used effectively. These included the care plan monitoring systems, medication recording sheets, daily records and training management systems. However, the recording of complaints were not always used or recorded effectively. We saw there was no analysis of the complaints after they had been investigated and completed so the service would not be able to minimise reoccurrences. The paperwork for one complaint could not be found. Two people told us they were not satisfied with the service they had received. We discussed the matters with the registered and branch managers. We were told the people had not raised the issues as formal complaints, but confirmed there had been ongoing discussions with both parties. We found because the issues had not been made through the 'formal' process, they had not been recorded on the provider's complaints system. Both people confirmed to us they had spoken with members of the management team about the issues they were concerned with. We discussed the recording of complaints with the registered and branch managers. They told us they would review the way complaints were recorded and monitored. This would ensure all expressions of dis-satisfaction were identified as complaints and correctly recorded and that any trends could be identified, so actions could be taken to reduce the risk of reoccurrences.

Mostly people and relatives we spoke with were positive about the service they received. One person said, "I am happy with the carers, they are very good." Another person said, "Sometimes they are late but they call me to let me know." A relative said, "Overall I am satisfied with the service." People told us they had received visits from the registered manager and they would be asked if the service was to their satisfaction. We saw there were monitoring systems in place for recording people's views. If any action was required, this could be recorded and monitored for trends to ensure people's experiences were improved. This would help to provide a record of identified actions and outcomes that should continue to improve people's experiences when using the service.

The staff we spoke with told us staff meetings had taken place every two to three months. One staff member said, "We meet up about every couple of months." We saw the provider had kept a record of staff meetings and minutes were available to staff. The branch manager explained they held staff meetings over a period of two days which gave staff a choice of which date to attend. One staff member told us, "I find the meetings helpful." All staff spoken with said they knew what was expected of them. One staff member said, "I love working here." Another staff member told us, "I'm enjoying it, I know all the clients, and I wouldn't change anything."

Staff told us they would have no reservations raising anything they were worried about with the management team. One staff member said, "I would go straight to the manager if I was worried about anything." Another staff member said "I haven't had to complain but I could if I needed to." We saw the whistleblowing policy and staff had told us, they were confident in approaching management and if it became necessary they would contact other local agencies, for example, the police and Care Quality Commission (CQC).

There was a registered manager in post who had provided continuity and leadership, supported by a branch manager. The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.