

Firstpoint Homecare Limited

Firstpoint Homecare - Harpenden

Inspection report

Unit 29-30 Thrales End Farm
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Tel: 01582482405

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Firstpoint Homecare - Harpenden is a domiciliary care service. The service provides care and support for older people and younger adults who may live with dementia, sensory impairments or physical impairments. The service also supports people living with mental health conditions including eating disorders. At the time of this inspection 55 people were using the service.

Rating at last inspection: At the last inspection in November 2016 the service was rated as 'Requires Improvement'. The provider had not always ensured accurate records were maintained and had not ensured there was sufficient travel time allocated between care visits. Office staff did not always respond to people with care and attention. People had told us there were a lot of changes in care staff and that they did not know who the registered manager of the service was. Staff had mixed understanding about safeguarding matters and gave us mixed feedback about the support they received from the management team.

Why we inspected: This was a scheduled inspection based on the previous rating to assess improvements the provider had made.

People's experience of using this service:

- Some improvements had been made since our previous inspection in November 2016. However, the provider's quality assurance processes had not been effective in assessing if the changes made had improved people's experiences of using the service.
- People had informative care plans that detailed the care and support they needed. However, some staff did not refer to the care plans for guidance.
- People and their relatives told us the care and support provided was not always safe. This was because there had been some missed care calls and late care calls.
- Staff received training in safeguarding and they knew how to report their concerns internally but needed further guidance about how to report externally to safeguarding authorities.
- Staff received training to help them support people safely however, their practical knowledge and competencies were assessed by their colleagues and not by management.
- People and their relatives were not always confident to raise a concern with the management team if they needed to. This was because they felt they were not always listened to.
- People's medicines were managed safely.

- Staff supported people to eat and drink as needed.
- People received health care support from external professionals when needed.
- People felt well cared for and treated with respect and dignity by their regular care staff.
- When required notifications had been completed to inform us of events and incidents that happened in the home. This helped us to monitor the action the provider had taken.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 caring

Details are in our Caring findings below.

Good ●

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 - Harpenden

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by one adult social care inspector.

Service and service type: Firstpoint Homecare – Harpenden is a domiciliary care agency that provides personal care and nursing support to people living in their own houses and flats in the community. These include younger adults, older people, people living with dementia and/or physical disabilities. At the time of this inspection 55 people were using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service two days' notice of the inspection site visit because we needed to be sure that someone would be available to support the inspection.

Inspection activity started on 19 February 2019 and ended on 21 February 2019. We spoke with people who used the service and their relatives on 19 February 2019. We visited the office location on 20 February 2019 to meet the registered manager and office staff; and to review care records and policies and procedures. We spoke with some staff members on 21 February 2019 to gather their views and opinions on the service.

What we did: Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We had not requested a provider

information return (PIR) to be submitted to us at this time. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with two people who used the service, relatives of six people, three staff members and the registered manager. We looked at care plans relating to three people and reviewed records relating to the management of the service.

Is the service safe?

Our findings

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

RI: 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.

Staffing and recruitment:

- At the previous inspection in November 2016 people said staff were not always punctual due to traffic delays between care calls. At this inspection we found there were ample numbers of staff employed however, a person told us, "Sometimes care workers are late. This can be a problem when I have an early hospital appointment and they don't arrive in time to help me get ready before the hospital transport arrives. They are not always late but can be an hour late at times."
- People and their relatives told us of occasions where care workers had missed scheduled care calls and some calls were cut short. The registered manager was alerted to this and had re-deployed the staff team to address the concern. They said, "Some newly recruited staff have not been up to the standard we expect and are now no longer working with us." However, this had a temporary effect that some people had new staff members attending to their care needs and staff rotas had been temporarily disrupted as a result.
- The provider had an out of hours on-call service. Staff and people who used the service said this system did not give them confidence because calls to the on-call service were not always answered and actions were not always taken. People's relatives told us there had been occasions where they had tried to contact the on-call service when care staff had not arrived but had not received any response. The registered manager said they had worked with the on-call service to improve communication and an additional 'back up' for the out of hours service had been developed.
- Safe and effective recruitment practices were followed to help ensure staff were of good character, physically and mentally fit for the roles they performed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS) before staff were employed by the service.

Systems and processes to safeguard people from the risk of abuse:

- At the previous inspection in November 2016 staff were not all able to describe the actions they would take if they suspected a person may be at risk from abuse.
- At this inspection staff confirmed they had received training about safeguarding people from abuse however, some staff were still not able to tell us that the local authority safeguarding team were the lead agency in safeguarding matters.
- The registered manager advised that staff did raise safeguarding concerns with them and gave examples where appropriate referrals had been made to the local authority safeguarding team for further investigation.
- People and their relatives had mixed views about whether people were safe. Some relatives told us they felt that people were not always safe. One relative said, "No, I don't feel [relative] is safe. They (agency office) don't contact me to tell me if they are not going to provide support for my [relative] which is awful." A person told us, "I do feel safe with the permanent care worker but you have to be on the ball with some of the others."

Preventing and controlling infection:

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. However, a person told us, "The other day I had to tell the care worker to wear gloves when doing my care. Some staff have very long nails too."

Assessing risk, safety monitoring and management:

- Risks to people`s health, safety and well-being were assessed and measures put in place to remove or reduce the risks. For example, risks were assessed in areas such as people's mobility and supporting people to transfer by means of a mechanical hoist. This helped people remain in their own homes and be as independent as possible .

Using medicines safely:

- People's medicines were managed safely. Competency assessments were completed following training to confirm staff had a good understanding in this area. Medicine administration records (MAR) were checked regularly by the management team to help identify any concerns. This helped to ensure that people received their medicines as prescribed.
- The provider was changing over to an electronic care management system which meant that staff updated care records and medicine administration records via their mobile phones. The registered manager said this was a positive move because staff would have to update the system when they had administered people's medicines before they could do any other task. This reduced the risk of staff failing to record medicine administration.
- The registered manager advised they were in the process of developing a system for health professionals to be able to know what medicines people had received. For example, in the event of paramedics attending the person at home or a hospital admission.

Learning lessons when things go wrong:

- The registered manager took appropriate actions following incidents and learning was shared with staff. For example, an incident had occurred where a person had been left without care calls over a weekend due to miscommunication between the office staff and the out of hours on-call service. To help prevent this happening again a system had been put in place where the handover from the office to on-call was followed up by an email so that they would have all the information they needed in writing.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience:

- Staff received training and support to support them to carry out their roles. People and their relatives gave mixed views about the skills and competency of the staff team saying that this was not consistent. One person said, "I feel staff do need more training" whilst another person said, "They are all very good, they know what they are doing." A relative said, "Some staff seem to be trained OK but some are definitely not."
- Staff gave us mixed views about the training provided. Some staff questioned how all the basic core training could be completed in three days whereas other staff said the training was comprehensive and covered all areas.
- Staff completed an induction programme at the start of their employment. New staff shadowed experienced staff who completed an assessment of the new worker before they were able to work with people unsupervised. We discussed with the registered manager that the process of assessing competency of a new care worker may be more effectively assessed by a more senior and experienced role as opposed to a peer.
- The management team and staff confirmed that there was a programme of staff supervision. Some staff said they didn't feel they always received the support they needed and that they were not always confident to approach the management team for additional support. To address this the management team had introduced various methods for staff to access support including having designated staff in the office for them to talk with.

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

- Before care delivery started the provider undertook assessments to establish if people's needs could be fully met by Firstpoint Homecare. A relative told us, "Someone came out from the office to conduct a care assessment."
- Care plans were developed from these assessments for each identified need people had and provided staff with clear guidance about how to meet those needs.
- Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.

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

- People told us staff prepared simple meals for them as needed and encouraged people to drink enough to maintain their health and wellbeing.

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

- Staff and management knew people well and were able to promptly identify when people's needs

changed and seek professional advice.

- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people`s best interest.

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

- People had access to health professionals to help them live a healthier life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.

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. We checked whether the service was working within the principles of the MCA.
- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- People told us staff asked for their consent before they delivered any aspects of care.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us their regular care staff were very kind and caring.
- People and their relatives told us that weekend staff had not always been as caring and conscientious as week day staff. For example a relative said, "Regular staff are very good and very caring, but sometimes weekend staff cut corners. For example, they sometimes don't even brush [person's] hair for them."
- The registered manager advised they had been made aware of the concerns about weekend staff and had taken appropriate actions to address this. This had the downside that it had involved more changes for people and the staff team. However, the registered manager was confident that once the changes made were embedded into daily routine there would be a positive impact for all parties.
- Staff took action to improve people's quality of life. For example, a person had struggled to communicate their needs to staff and socially with friends and family. Staff developed flash cards to aid communication with staff, relatives and visitors to their home.

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

- People told us they knew about their care plans and they could decide what care and support they needed.
- Where people were not able to express their views and could not be involved in decisions about their care their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate for their individual needs.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff respected their dignity and privacy. One person said, "They do try hard to protect my dignity when they are showering me or helping me to dress. They use towels to cover me and make sure curtains are drawn and doors are shut."
- The registered manager reported that people who used the service had no need for advocacy support at this time. They said they would signpost people to the local authority for advocacy support should the need arise.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care and support as they wished. However, people said staff did not use the care plans to learn about people's needs, they asked people at each care visit to tell them what care they wanted. One person said, "Care staff don't read my care plan. The other day a staff member was supporting me to stand up and said I should use my left hand to grip the stand aid. I am not able to use my left hand so the staff member had clearly not read my care plan." Another person said, "Sometimes it is not good because completely new care workers come who I have never even met before. I have to tell them how I want my care, they don't know and they don't read the care plans."
- The registered manager reported that an electronic care management system had been secured to address these concerns. With the new system staff have to access information about people's care needs to record them as being met at each care visit.
- Care plans detailed people's care needs, preferences, likes and dislikes with clear guidance for staff to follow. For example one care plan stated, "The hoist will need to be used to help transfer me from bed to the commode. The purple sling will need to be used with the red top loop and bottom purple loop. I will need to be rolled in bed to have the sling put around me."
- The service did not provide support with social engagement. This was because it was not part of the local authority contract for the care package. However, the registered manager reported that staff were encouraged to spend as much time as possible talking with people during the care visits and staff had raised when they felt people needed further support in this area.

Improving care quality in response to complaints or concerns:

- The provider had a policy and procedure for dealing with complaints.
- Some people told us that whilst they were not overly happy with the service they had not raised formal complaints. One relative said that the management team were not responsive to complaints so they felt there was little point in raising any issues with the service. Another relative told us, "I have not had to make a complaint but I am sure they have internal processes and I would speak with [relatives] social worker."
- We reviewed the provider's complaints records which showed any concerns raised had been addressed appropriately in line with the policy and procedure for managing complaints.

End of life care and support:

- The service provided support for people at the end of their lives. The provider advised that training for the staff team in this area was provided by an external health professional.

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At this inspection we found the provider's quality assurance processes had not been effective in monitoring the quality of care and support people received. Following the previous inspection in November 2016 the registered manager had implemented changes to address concerns raised by people and staff however, people's experiences had not improved. These included concerns with missed and late care calls, some staff felt they were not supported and people did not feel they were listened to. This is the second inspection where the provider has received a 'Requires improvement' rating. The registered manager had made improvements as a result of the outcome of the November 2016 inspection however, these had not been sustained. Therefore we found the provider in breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- At the previous inspection in November 2016 people, their relatives and staff had raised various concerns about how the service functioned. The registered manager told us of various systems they had introduced and changes they had made. However, at this inspection people, their relatives and staff continued to raise concerns with us.
- People gave mixed views about whether the service was well managed. One person said, "In the main I do think the service is well managed." Whilst others were less positive in their response. People and their relatives told us they felt there was no point in raising their concerns with the service as they were not confident that any action would be taken.
- At the previous inspection in November 2016 people were not aware who the registered manager was and who they could talk to if they wanted. To address this the registered manager had introduced welcome packs that included an office structure to inform people, staff and relatives of how the office team was made up. This pack also gave people information about the registered manager's previous experience. The registered manager felt that people may not realise who they were as they didn't introduce themselves as the registered manager when speaking with people.
- Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Staff had clear lines of responsibility to effectively manage all aspects of the service. The registered

manager had an overarching governance system which monitored how staff fulfilled their role. However, spot checks of staff performance had not been kept up to date and staff competency was assessed by their peers.

- The provider had introduced another layer of governance where a member of the senior management team would visit the service to undertake routine audits of all aspects of the service. This system was due to commence within a month.
- In November 2016 staff told us they did not feel valued and listened to by the management team. To address this the registered manager had introduced a comments box to aid staff to raise issues anonymously but this had not been effective. Coffee mornings had also been introduced to aid communication with the staff team. The registered manager reported some staff attended these but not many. Team meetings took place regularly, an agenda was sent out prior to the meeting enabling staff members to consider any other business they wished to add. Two meetings were held so that all staff had the chance to attend and meeting minutes were sent around by email after the meeting to ensure the whole team were aware of topics discussed. However, some staff still told us they felt they did not have a voice.

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

- There were opportunities for people and their representatives to share their views about the quality of the service provided.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided. The responses were sent to the provider's head office, a summary was given to the registered manager. An action plan had been developed and acted upon however, many of the issues raised directly with us had not been raised by people within the quality assurance survey.
- The registered manager told us, "We aim to do telephone reviews with people monthly. However this has unfortunately reduced recently. Currently there is no robust system to make sure we speak with all people regularly but we will re-instate previous monthly contact system with immediate effect."

Continuous learning and improving care

- The registered manager gave examples where they had used learning from incidents or complaints to try to improve the quality of service provided for people. For example with issues identified through audits and a complaint made about missed care calls.
- A representative from Firstpoint Homecare undertook spot checks of care workers practice. However, staff told us that this did not happen very often and people who used the service told us it rarely happened. The registered manager advised that due to the new electronic care management system if the period between spot checks exceeded 12 weeks staff would not be able to be allocated. This system was not able to be overridden at a local level.
- Accidents and incidents were used as an opportunity for learning and improving. For example, management audits had identified care staff had not always completed medicine administration records accurately and that daily records were not always legible. These matters had been addressed with staff at team meetings and an electronic care management system was being introduced to assist staff in their roles.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance. The provider's quality assurance processes did not identify areas where improvements were needed to ensure people received safe care and support and did not monitor the effectiveness of changes implemented as a result of feedback received.</p> <ul style="list-style-type: none">● There were not enough staff deployed to ensure all care visits could be carried out at the required times.● Staff competencies were not routinely assessed to confirm they had the skills to carry out their roles effectively.● People who used the service did not know who the registered manager was and did not feel they were listened to.