

Firstpoint Homecare Limited

Firstpoint Homecare Warwickshire

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

We inspected this service on 27 June 2016. This was our first inspection to this agency and was an announced inspection. We telephoned 48 hours' prior to our visit in order to arrange access to the information we needed. This included making arrangements for us to meet with staff who worked for the agency.

Firstpoint Homecare Warwickshire is a domiciliary care agency that provides personal care and support to people living in their own homes. Care staff call at people's homes to provide personal care and support at set times agreed with them. The agency also provides 'live in' care services. At the time of our inspection there were around 45 people who received personal care through the agency.

During the inspection we met with the registered manager. 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.

People told us they felt safe when supported by staff. Staff understood how to protect people from abuse and knew about risks to people's safety. They told us they reported any concerns they had to the registered manager or staff based in the office so they could be acted upon. This ensured potential risks to people were managed appropriately. Staff were provided with a handbook containing the provider's policies and procedures and were required to attend regular training so they knew what was expected of them when delivering care.

Staff received training on how to manage medicines safely. People told us staff mostly prompted them to take their medicines to make sure they took them.

Recruitment checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. New staff completed induction training and shadowed more experienced care staff to help develop their skills and knowledge. Staff also had regular supervisions with their manager to check their on-going competence to deliver safe and effective care.

People received a service based on their personal needs. All personal care calls were supported by two staff who arrived together usually within the timeframes agreed. People were positive about the staff who supported them and the care they received and said they were not rushed. People said staff maintained their privacy and dignity and supported their independence where possible. Where people needed assistance with meals, this was provided to ensure people's nutritional needs were met.

The registered manager understood the principles of the Mental Capacity Act (MCA) and how to put these into practice. Staff told us they gained people's consent before giving care.

The provider had systems and processes to monitor the quality of the service and to understand the experiences of people who used the service. This included quality satisfaction surveys and periodic reviews of people's care. People we spoke with said they had no complaints about the service. Where concerns had been raised with the registered manager, these had been taken seriously and investigated.

We found overall that records were not always sufficiently detailed to demonstrate systems and quality monitoring were fully effective.

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.

There were procedures to protect people from risk of harm. Staff understood their responsibility to keep people safe and to report any suspected abuse. There were enough staff to provide the support people required. Recruitment checks were carried out to make sure staff were suitable to work with people.

Is the service effective?

Good 

The service was effective.

Staff completed training to ensure they had the right skills and knowledge to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005 and care staff gained people's consent before care was provided. People were provided with support to eat and drink if required.

Is the service caring?

Good 

The service was caring.

People received care and support from staff who understood their individual needs and preferences. People said care staff were respectful, and some described them as "excellent". People's privacy, dignity and independence was maintained. Staff had time to build meaningful relationships with people and provide companionship.

Is the service responsive?

Good 

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Improvements were needed to some processes, systems and record keeping to ensure the quality of care and services provided could be demonstrated. People were happy with the support they received and were provided with opportunities to comment on the quality of the service. People and staff spoke positively of the provider and registered manager and staff felt supported in their roles.

Firstpoint Homecare Warwickshire

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 27 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was so they could make sure they and care staff would be available to speak with us. The inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed information received about the service and looked to see if we had received any statutory notifications from the provider. A statutory notification is information about important events which the provider is required to send to us by law. 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. However, due to a technical issue this could not be viewed. We therefore gave the registered manager the opportunity during the visit to tell us what the service did well and what areas could be developed. We also contacted the local authority commissioners to find out their views of the service. Commissioning officers are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We contacted people and relatives who used the service by telephone and spoke with seven people and nine relatives. During our visit we spoke with seven care staff and the registered manager. We reviewed two people's care plans in detail to see how certain aspects of their care was planned and delivered. We also looked at the care plan records of other people to check specific aspects of their care were being met.

We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality monitoring records, duty rotas and records of complaints.

Is the service safe?

Our findings

People we spoke with said they felt safe with the staff supporting them. People said staff were careful when providing care and they felt they could trust them. One person told us, "I feel very safe with them and they are always polite and respectful." Another told us, "The one I have now (care staff member) is very good and we get on very well. I'm very safe with her. If I have to go out, I know she will help me safely in my wheelchair. I feel safe with her out and about....I've had no falls with staff."

Relatives equally felt their family members were supported safely. One relative told us, "It's all done safely (personal care) and with dignity and carefully....They work around us. I feel very at ease and [person] is safe and also at ease with them. Another told us, "There have been no accidents....There are two staff each visit and they help [person], they are mainly in bed. It's not now possible for [person] to be up and about....They keep [person] free of problems with that and they are so alert it's impressive. It's their concern all the time to look after [person], and I help. We are now like a team."

The managers and care staff understood their responsibilities to keep people safe and protect them from harm. Staff completed training in safeguarding adults so they understood about the different types of abuse and how to respond to any signs or allegations of abuse. Staff told us they would report any concerns to management staff at the office so they could be followed up as required.

There was a procedure to identify and manage risks associated with people's care. The registered manager told us, "When we take on a package of care we arrange an assessment with the client or their next of kin. During the client care needs assessment, we ask what they prefer to be called, what their date of birth is and ask information about their medical diagnosis. We look at the client medications and assess if we need to be involved." This assessment enabled any potential risks to providing a person's care and support to be identified so that arrangements could be made to minimise them.

Staff knew about risks associated with people's care. One staff member told us, "We always put the clients first to make sure they are safe and well looked after." Another staff member explained how they cared for people to make sure they were safe. They told us, "One person tries to get out of bed so we make sure the bed is at the lowest level and there is a 'crash mat' (mattress on the floor) in place. We always inform the daughter if we have any concerns and contact the office and log it in the book."

Staff understood the importance of making sure equipment people used was safe and to practice good hygiene to prevent the spread of infection. For example, one staff member told us, "We make sure equipment is working as if it is not working properly it is a hazard. For hygiene, we have always got the right equipment with us like gloves and hand gels."

There were sufficient numbers of staff available to provide safe care to people. Staffing levels for the service were determined by the number of people using the service and their needs. The registered manager told us there was enough flexibility in the system to adjust staff numbers in accordance with people's needs if these changed.

The registered manager told us that 'on call' arrangements were in place to ensure people always had someone to contact in an emergency. They told us, "From the hours of 5.30pm to 8.30am the phones are diverted to an 'on call' team in the Birmingham office. What we have to do before we leave is handover to them the current rota and emergency contact at the local authority. This enabled the on-call team to have the contact information they needed if there was a problem with a home visit. The registered manager explained that if a staff member had not turned up for a call, people could use the office number out of hours to make contact with someone to help them. This ensured any risks associated with people's care could be managed.

Recruitment procedures ensured, as far as possible, staff were suitable to work with people who used the service. The registered manager told us they waited for all the relevant checks to be completed before staff started to work for the service. This included the receipt of written references and Disclosure and Barring Service checks (DBS). The DBS assists employers by checking people's backgrounds for any criminal records to prevent unsuitable people from working with people who use services. Records confirmed staff had a DBS check, references and health declarations completed before they started work.

Where staff supported people to manage their medicines it was recorded in their support plan. People told us they received the help they needed with their medicines. One person told us, "They remind me of my tablets from the blister pack. Make sure I take them and note it all down. They actually give me the tablets in the morning and at night." Staff told us they had received training on how to administer medicines safely. The registered manager told us, "We do medication awareness training. They will prompt and assist and administer." They told us checks on staff competence were made. However, when we looked at the care records for one person, there were instructions for staff to "prompt and assist" the person with their medicines. When staff described how they managed this person's medicines, it was evident they were administering them. This meant that it was not clear if the responsibility for medicines was with the person to take them or staff. The registered manager agreed to look into this matter to ensure this was clear.

Staff recorded in people's records that they had assisted people with their medicines. If they administered them they signed a medicine administration record (MAR) sheet to confirm this. When we checked the MAR's we saw these were not always sufficiently detailed to show how medicines had been managed. For example, sometimes the prescribing instructions had not been recorded or they had not been consistently signed to show they had been given. The registered manager told us they were looking at ways to improve medicine management and we saw records which confirmed this.

Is the service effective?

Our findings

People told us staff had the right skills and knowledge to meet their needs and were complimentary of the staff that supported them. One person told us, "Yes, they are well trained. They will ask if they can do anything before they go.....I could not do without them now and they are so reliable." Another told us, "They are very considerate. Seem well trained."

Relatives said staff were appropriately skilled and well trained. One relative commented, "My first impression was that they are organised and efficient and they seem to know what they are doing which is reassuring...They are well trained and professional."

Staff had completed induction training when they first started work that prepared them for their role. They also worked alongside more experienced staff so they could develop their skills and knowledge of the people they would be supporting. Staff told us they received the training they needed to support people safely and effectively. One staff member told us, "When I came I had a three day induction going through all aspects of care, using the hoist and going through procedures etc. I found it extensive and varied ...the training was very good. The support that we have from our office based in Coventry has been superb." Two further staff spoken with told us, "We came in for two days training when we first had an introduction to the company. We had training on what to expect out in the community about personal care." They went on to tell us they also received spot checks from management staff based in the office. This was to make sure they carried out their duties safely and in accordance with the provider's policies and procedures.

Through our discussion with people and relative's, it was evident staff put their training into practice. For example, people told us staff always wore gloves and washed their hands when supporting people with personal care demonstrating skills learned from the infection control training.

The registered manager told us training was being further developed to enable staff to achieve the 'Care Certificate'. The Care Certificate sets the standard for the skills and knowledge expected from staff within a care environment. The registered manager maintained a record of staff training completed so they could identify when staff needed to refresh their skills.

Staff told us their knowledge and learning was monitored through supervision meetings and unannounced 'spot checks' to make sure they met people's needs safely and effectively. One staff member told us, "On the odd occasions we have had a spot check... [Staff member] has come out on occasions and if there is any advice needed she gives it. Supervisions they come out to us to keep us refreshed on what we are doing. I think it is a fantastic idea."

We saw records that showed different topics relating to care were discussed during staff supervisions such as the Mental Capacity Act, medicine management and training requirements. This demonstrated staff skills and learning was supported on an on-going basis. We saw the format for spot checks included looking to see if care staff had arrived on time, were wearing the correct uniform and used personal protective equipment as required during their calls. The registered manager told us, "We talk about spot checks when

we do supervisions. We have started to write at the bottom of the form what we have done about it such as if they are late why they are late and why we were not informed and so on." Staff told us that if they did not follow the correct procedures, they were notified of this and reminded of their responsibilities by management staff. They also received further spot checks to make sure they had learned from their mistakes.

People and relatives told us how staff worked with them to make sure the care people received was provided in a way they preferred and agreed to. One relative told us, "We were fully involved in the care plan and its provisions and agreeable to it and they have kept to it. They ring us every now and again to check up. It's been really good."

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. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

The registered manager understood the principles of MCA and staff had some understanding of this. They were not fully aware of DoLS but we were informed all people who may lack capacity had relatives who could make decisions in their best interests. Staff understood the importance of giving people choices in relation to their care and to make sure they were in agreement to the care they were about to receive. One staff member explained, "If you are going to roll somebody you tell them before you do it. Ask them before giving them food what they want. Get their permission, if they can give permission. Some don't talk but you can tell when they don't like something even if they don't talk." They went on to say one person would shout a certain name when they didn't like something so staff knew to stop. Staff told us that if people refused personal care they made sure management staff were informed so that they could be advised on how to address it. They knew about ensuring support provided was in the best interests of the person.

Most people told us they, or their relative, provided all their meals and drinks. Where people were reliant on care staff to assist with meal preparation this was done to their satisfaction during calls made. One person told us, "Yes they do meals. They are presented nicelyand they tidy up afterwards". A relative told us, "They do meals nicely and [person] likes them."

Some people managed their own health care appointments but some said staff helped them with this. The registered manager told us they sought the assistance of health professionals if they needed to, such as one time when staff needed support on how to manage a person's oxygen.

Is the service caring?

Our findings

People were happy with the staff that supported them and described them as polite and respectful of their home and family life.

One person told us, "They stay the full time, take the whole time. It's all done carefully (personal care). They are considerate to us both. They are very good." Another person told us, "The care is done nicely...with dignity and safely. They chat and explain things. They take the time to do it properly." A relative told us, "They are very respectful and considerate to both of us. The most important thing is their respect for us and it's a two way thing. I feel very comfortable with them here and I can call them at any time and I have full support and they check it all out with me all the time."

People always had two staff to support them on each call as this was the policy of Firstpoint. They told us they usually had a consistent group of staff so they were able to build relationships with them. They told us staff knew their likes and preferences which helped them to be supported how they wished.

People told us staff often did "little extras" and described them as being thoughtful about things that made a big difference to their quality of life. They explained this could be, a chat, staff making them a cup of tea, getting them a "few tea bags" or just asking if they could do anything before they left.

Staff told us they were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. One staff member described how they were able to develop positive relationships with people. They told us, "It's communication; it's the way we speak to them. One person had a stroke and didn't say much, now we have got them laughing and [person] tells us off. Sometimes it can be something we do that's silly that makes them laugh. Their speech has come on. A lot of it is communication."

People said they were involved in making decisions about their care and could discuss any changes to their needs with the staff based in the office. People said their privacy and dignity was respected by staff when providing care. One relative told us, "It's all done with care and dignity and even if I'm here and have done the care myself, they are still sensitive to her privacy." Another told us, "They wash [person] and change them with dignity and they take care. We can see this ourselves and they watch out if [person] is not so well at night...one time during the year the carer sat up all night with [person] whilst she was not well to make sure they could get the doctor."

Staff understood the importance of maintaining people's privacy, dignity and independence when delivering care. They explained how they always kept doors shut and kept people covered with towels when providing personal care to maintain their dignity. Staff spoke of being respectful when working in people's homes. One staff member told us, "We are in their home and we respect their home, we do what they ask of us, we are there to deliver a service. If they want us to open the curtains we will do that. We like to work with clients and families."

The registered manager explained how important it was to recruit the right staff to support people in a way

that supported the values of the provider. They told us, "Our recruitment now is very thorough and we make sure we have the right individuals. We have got to be sure that members of staff can make a difference, it is all about reputation."

Is the service responsive?

Our findings

People told us they had an assessment of their needs completed when they started to use the service to make sure the service could meet their needs. Once this had been completed a care plan was devised detailing what support they needed and how staff were to provide this support. One person told us, "They are very good, very careful and nice care staff... they really want to do something for you. They came out to see me though I can't remember when. I'm very happy with what it is. It all works ok."

Relatives were complimentary of the service and felt the staff worked well with them to deliver the care their family member needed. One relative told us, "They set up [person's] care plan and we were both agreeable to it... then brought the first carers to meet us. That was all very good and quite wonderful the way they did that." Another relative told us, "It was set up at the start of last year. They are reliable I can't fault them. They are mostly regular staff... They don't send a list, but I get staff anyway who I expect."

The registered manager explained the working patterns of staff were organised so that people received continuity of care from the same group of staff. They told us, "When we do our visits and rounds we do all day rounds. It's the same carer morning, lunch and bed time. Those who do part time might do two days a week so clients have continuity throughout the day."

Staff had good understanding of people's care and support needs and told us they used information in care plans to inform them how to meet people's needs. One staff member told us, "We have a book with their notes in and we have a family book to let us know what we need to get for their visits. We can easily communicate with each other. It's very good." A relative explained how staff knew their family member's needs well and monitored any risk areas to prevent their health deteriorating. They told us, "They keep constantly alert for any issues and [person's] skin needs to be well protected. This all avoids real problems and we use creams and we all share the concern to keep [person] well. There are no pressure sores and we try to gently shift [person] to move them regularly. They regularly change [person's] position and they even help to get [person] out in the chair. This lets [person] have some variety."

We looked at two care plan files. Care plans provided staff with information about people's personal history, their individual preferences and how they wanted to receive their care and support. For example, in one care plan the person's interests had been detailed including information about television programmes the person liked. This helped staff to ensure the television was on the right channel so the person could watch the television programmes they wanted to. Care plans we saw had been reviewed and updated as needed. Information they contained demonstrated people had been involved in planning their care. The registered manager told us, "We do client reviews which are 12 monthly with personal care clients. Also, as and when changes occur, then they are reviewed and updated in the house. We encourage feedback from staff."

People told us they usually received their care around the times expected and the service was responsive to requests about their care. One person told us, "They are very good lovely girls... Very nice and helpful. Like friends coming round. They do anything for me and they are very flexible and they ask if I want them to do anything more."

People told us they had not felt any need to make a complaint. Our conversations with people confirmed they contacted the staff in the office if they needed to discuss any issues they needed resolving.

Staff told us they would listen to people if they raised any concerns with them and would make sure the office was notified so they could follow them up. One staff member told us, "I would ask them why they are not happy if there is something we can help with and let them know they can ring the office, give my apologies to the client and try and reassure them."

The provider had systems in place to record and investigate complaints and safeguarding concerns. Whilst it was evident there were some complaints that had been investigated and lessons had been learned, we found one complaint did not appear to have been responded to and it was not clear if it had been upheld or not. We also found complaints were in the same file as safeguarding concerns. This meant it was difficult to differentiate between the two so that it was clear how they should be managed. The registered manager assured us the complaint had been responded to despite this not being recorded and told us they would review the file.

Is the service well-led?

Our findings

Overall people told us they were happy with the service. Relatives told us they felt supported by the agency and had confidence in the staff that supported their family member. One relative told us, "[Person] is safe and happy with the service and we are also very happy with it. ...It's been going about six months and we have had full discussions with the agency and we have had spot check calls from them since." Another told us, "It's excellent. They are excellent. I would not live without them, they have also made my life better, it has improved mine as well as [person's]. I did not think that was possible." People knew how to contact the office should they have any issues they needed to discuss or were unhappy about anything.

Care staff that worked for the agency always worked in pairs and were provided with cars through the service to carry out their home visits. This meant that people always had two staff to support them that always arrived together. The registered manager also told us, "They are lease vehicles. We recruit staff who have a driving licence but don't have their own transport. We have drivers with non-drivers so staff don't necessarily have to drive." The registered manager said that as staff worked in pairs this allowed both female and male staff to attend visits so that people's preferences for who carried out their personal care could be met. They also told us the cars were tracked to they could check what times staff arrived and left which helped them to ensure people received care for the full amount of time they should.

Care staff told us they felt well supported by the management team which included the registered manager, branch manager and senior staff within the office. One staff member told us, "Our main focus is on the client but we can't do what we do without the backing of the office. I know if I phone up with any issues they will answer the call and give me the support I need. I have always found them very informative." Another told us, "I am very happy with the agency I ...have been given the support and training needed. They work with you.... I know what I am doing and where I am at, it has been brilliant."

Staff felt the registered manager was approachable and was always available when needed. One staff member told us, "I would say he is a little diamond. I have been to [registered manager] about a few things and he will tell you the road to go down and come back to me. He is always available to talk to you even if he is busy. He likes to know how everybody is. He likes a rundown of what is going on." Staff knew who to report concerns to and were aware of the provider's whistle blowing procedure. They were confident about reporting any concerns or poor practice to the managers.

The registered manager told us they had a stable and committed staff team. They commented, "We don't have issues with staff calling in sick, it is very rare. When we go through the interview stage we always say to them, think about the impact on people and colleagues."

There were processes and systems to enable the provider and registered manager to monitor the ongoing quality of the service. This included satisfaction surveys and care reviews to assess if people were happy with the care and support they received. A recent satisfaction survey had been completed but the results had not been evaluated at the time of our visit. We noted from looking at some of the surveys received there were mixed responses in regards to staff punctuality when carrying out calls. However, most people

stated staff had 'good' or 'excellent' skills to meet their needs. There were also positive responses in regards to staff staying for the agreed length of time during calls. We did not see an outcome report from the survey carried out in 2015 to show actions taken following responses. The registered manager said this would be addressed following the evaluation of the current survey.

Staff team meetings enabled staff to learn about planned changes and talk about issues related to the ongoing quality of service. We saw notes of meetings that showed staff had been reminded not to rush care and spend time with people. Notes of meetings also showed the registered manager had assured staff that the meetings were to talk about lessons learned to improve the service as opposed to criticising staff. Staff told us they found the meetings helpful. One staff member told us, "We talk about everything like policy and procedures and keeping the cars clean. Making sure we leave together at the end of calls. They keep us up-to-date with the company ...how the company is doing and opening up more rounds."

We found there were some improvements needed to processes and systems to ensure the safety and quality of the service provided could be fully demonstrated. This included improvements in the completion of some records. For example Medicine Administration Records (MARs) were not always sufficiently detailed to show prescribing instructions and were not always signed to show medicines had been given as prescribed where staff were administering them. Staff spoken with were unclear about the difference between 'administering' medicines and 'prompting and assisting' people with medicines. We found these processes were unclear to ensure staff understood them. Some care records did not indicate whether the care indicated had been provided, for example, they did not show how people with catheters had been supported.

Staff training was in the process of being further developed and expanded to incorporate the care certificate. One staff member told us they felt additional training would benefit them.

Visit times recorded on duty rotas and those agreed with people did not consistently reflect what was happening in practice. One person we spoke with told us, "They came out and set up a care plan with us. The times and things like that were agreed with us but they then gave us different times afterwards in practice. They are not respecting the agreed times. We've not yet discussed this with them." The registered manager told us, "We do speak to the clients and see how they are and if there are any problems. If they ask for time changes we will look at it and try and accommodate, but these may not always be changed on the paperwork."

We had not received any statutory notifications from the service. A statutory notification is information about important events which the provider is required to send to us by law. We found there were issues relating to safeguarding people that had not been reported to us as required.

Accident and incident records had been completed and were monitored by the registered manager but these were sometimes not clear about resulting actions and injuries to show how risks were being managed.