Care Quality Commission

Firstpoint Homecare Limited

Firstpoint Homecare Bedford

Inspection report

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Date of inspection visit: 11 November 2015
Date of publication: 30/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 11 November 2015 and was announced.

Firstpoint Homecare Bedford provides care and support for adults in their own homes and local community. The services offered include care at home, live in care, palliative care, respite care and specialist care.

The service had a 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.

The recording of medicines was not robust and did not provide an accurate record of medication administered to people.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Risk

Summary of findings

assessments were centred on the needs of the individual. Potential risks to people had been identified and plans put into place to enable them to live as safely and independently as possible.

Robust recruitment checks took place in order to establish that staff were safe to work with people before they commenced employment. There were sufficient numbers of staff available to meet people's care and support needs.

Staff received regular training which provided them with the knowledge and skills to meet people's needs in a person centred manner. They were well supported by the registered manager and senior management team in respect of supervision and informal support. This provided staff with the knowledge and skills to meet people's needs in an effective and individualised way.

Staff sought people's consent before they provided care and support. All staff and management had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation.

People could access suitable amounts of nutritious food that they enjoyed and which met their individual preferences and dietary needs. Referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being.

There were positive relationships between people, their families and members of staff. People and their families were treated with kindness and compassion. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. The privacy and dignity of people was promoted by staff and they treated people with respect.

People received care that was responsive to their needs and centred around them as individuals. People's needs were assessed and care plans gave clear guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care.

The service had an effective complaints procedure in place. There were appropriate systems in place for responding to complaints. Staff were responsive to people's worries, anxieties and concerns and acted promptly to resolve them.

The service was well-led with systems to check that the care of people was effective, the staffing levels sufficient, and staff appropriately trained so they had the skills to provide safe care and support.

The culture within the service was positive; staff were motivated and committed to their work. They strived to give people positive care experiences and worked hard to ensure that people had ample opportunities to achieve their goals.

We identified that the provider was not meeting regulatory requirements and was in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

This service was not consistently safe

Robust recording practices for the administration of medicines had not been consistently followed.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

People had risk management plans in place to promote their safety.

Safe recruitment procedures were carried out and staff rotas were organised to provide adequate support to people which met their needs.

Is the service effective?

Good

This service was effective

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff obtained people's consent to care and treatment.

People were supported to eat and drink sufficient amounts to meet their nutritional needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

This service was caring

Staff knew people well and had developed positive and meaningful relationships with them.

People and their families were treated with kindness and compassion.

Staff treated people with respect and dignity.

Is the service responsive?

Good

This service was responsive

Care was personalised to reflect people's wishes and what was important to them.

Care plans and risk assessments were reviewed and updated when people's needs changed.

The service listened to feedback from people and complaints were addressed promptly and appropriately.

Summary of findings

Is the service well-led?

Good

This service was well led.

There was a positive and open culture at the service.

There was a registered manager in place who knew the needs of people using the service.

There were quality control systems and audits in place to help develop the service and drive improvements.

Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided by the service.

Firstpoint Homecare Bedford

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 11 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be in to meet with us.

The inspection team comprised of one inspector.

Prior to this inspection we reviewed information 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 contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people using the service. We spoke with four people who used the service, three relatives and a social worker for one person using the service in order to gain their views about the quality of the service provided. We also spoke with two care staff, the branch consultant and the registered manager to determine whether the service had robust quality systems in place.

We reviewed care records relating to five people who used the service and five staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Requires improvement

Is the service safe?

Our findings

We looked at the arrangements in place for the safe administration of medicines. We found poor practices in the recording of medicines. We looked at the Medication Administration Records [MAR] for three people. All three charts showed there were numerous gaps where staff had not signed to say they had administered the person's medicines. However, when we looked at the daily record sheets we found evidence that these medicines had been given. On one MAR chart a medicine prescribed to be given on a weekly basis had been signed for daily. We queried this with the branch consultant. They contacted two staff members who provided care to this person on a regular basis. They confirmed that the medicine was given weekly but they had signed for it on a daily basis. The branch consultant said, "They didn't read the chart properly and just signed it." This meant that a clear record had not been maintained of the medicines people had received.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us, "The carers help me to take my tablets. I can't get them out of the packet so they put them in a pot for me."

Staff told us they supported people to take their medication. One told us, "We prompt people mainly, to take their medicines." They told us they had received training in the safe handling of medicines. One said, "I feel confident that I am able to give people their medication safely."

The branch consultant told us that MAR charts were audited on a monthly basis. However, the MAR charts for October that we looked at had only just been collected from people's homes and they had not yet been audited. The branch consultant explained that the areas of poor recording that we identified would have been picked up during the audit and action taken as a result of the shortfall. We saw this had been the case with previous medication audits.

Records showed that staff had been trained to give medicines to people using the service. Consent to administer medicines had been obtained from the person or their appropriate relative. The service had policies and procedures in place to manage people's medicines when they were not able to, or chose not to take them themselves. We saw that detailed risk assessments had been completed to support people to self-administer their own medicines or to provide guidance for staff when they were expected to administer people's medication.

People told us that they felt safe and comfortable with staff, who worked to ensure their safety was maintained. One person said, "You feel safe with them because they know what they are doing. You feel assured that you are in safe hands." Another person told us, "They are very confident which means they know what they are doing. It makes me feel safe."

Relatives also felt that their family members were safe. One commented, "My [relative] is without a doubt safe when the carers are providing care. As a family we are all very comfortable and relaxed with the carers."

Staff members were able to describe abuse and the different forms it may take, as well as identifying potential indicators of abuse which they would look out for. Staff explained that if they suspected somebody was at risk of abuse, they would take action to stop the abuse and report the incident. One staff member said, "I would definitely report any staff behaviour if I thought it was inappropriate." Another told us, "I am confident that if I did report something of concern I would be supported through the process." Staff had taken action to minimise the risks of avoidable harm to people from abuse. They told us told us they had undertaken training in recognising and reporting abuse and were able to demonstrate their awareness of how to keep people safe. Through our discussions we established that they had a good understanding of the local safeguarding procedures. They told us that, as well as reporting internally, they would also report it directly to the local authority safeguarding team if it was necessary.

Records showed that safeguarding procedures, including those in relation to whistle blowing, were available to members of staff for guidance, in the staff handbook. In addition to this, information about who to contact in the event of a safeguarding concern was displayed in the office together with details of the relevant telephone numbers. We found that safeguarding referrals had been made appropriately. The registered manager was able to demonstrate a good understanding of their responsibility to report allegations to the local authority and to notify the Care Quality Commission (CQC) of these.

Requires improvement

Is the service safe?

There were risk management plans in place to protect and promote people's safety. One person told us, "I know I have risk assessments in my folder. I have seen the carers reading them." One relative commented, "I have read all the risk assessments and think they are a good thing."

Staff were able to explain to us how risk assessments were used to promote people's safety. For example, one member of staff told us how one person had specific mobility needs. They described the risk management plan in place for this person and said, "The risk assessment is there to protect all of us." Staff told us that people were involved with the development of their risk assessments and records confirmed this.

We looked at people's care files and found that risk assessments were in place for people where risk had been identified. Risk assessments outlined key areas of risk, such as falls, medication and manual handling. They included information on what action staff should take to promote people's safety and independence; and to minimise any potential risk of harm. We saw that risk assessments were up to date and reviewed as people's needs changed.

There were sufficient numbers of staff to meet people's needs. One person said, "I never have any problems with missed visits. The carers are very reliable and we have never been let down." Relatives told us they had not experienced any problems in relation to insufficient staffing numbers. One informed us, "They arrive when they should. I have peace of mind that my [relative] will get her carers as planned. It's a very good service and what I especially like is that we see the same carers. That's very important for my [relative]."

Staff confirmed they had a manageable workload and did not feel under pressure. One told us, "There are enough staff to meet people's needs. The runs are well organised and we tend to see the same people." A second staff member commented, "Staffing is good and I never feel that I have to rush."

Care and support was based upon a number of assessed support hours and whether the person required one or two staff members to provide that care. This meant that staffing numbers were based on the level of people's dependency needs. We looked at rotas and saw that staffing levels were planned and sufficient to meet people's needs. Rotas' also gave staff time between calls to get from one place to the next which was based on the geography of the calls.

Staff told us they had been through rigorous recruitment checks before they commenced their employment. One staff said, "After I was told I had the job I had to wait for all my checks to come through before I could start."

We saw evidence that safe recruitment practices were followed. We looked at five staff files and found that new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. In the staff records we looked at we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check.

Good

Is the service effective?

Our findings

People told us that staff had the appropriate knowledge and skills to provide them with effective care and support. One person said, "The staff are very skilled in what they do." A relative told us, "The carers are competent. You can tell they have received good training." Another relative informed us, "My [relative] has some complex issues. The carers know exactly how to deal with them."

Staff told us that they were well supported and explained that when they first started working at the service they completed an induction. They also told us that they were able to shadow more experienced staff until they felt confident in their role. One staff member said, "My induction was very good. It certainly gave me confidence to go out there and do my job." A second member of staff said, "I found the shadowing particularly useful."

Staff told us that they received refresher training and this benefitted the way in which they delivered care to people. Records demonstrated that staff mandatory training was up to date for all staff.

Staff also told us that they received regular supervision and they could approach the management team for support whenever they needed to. One staff member told us, "We get regular supervision. I feel I can say anything in my supervision." They told us that supervision was used to discuss people and their needs, as well as identify areas for learning and development or raise any concerns or issues either party may have. We saw records to show that staff had received supervision on a regular basis.

The registered manager told us that spot checks were also undertaken during calls to people's homes and this was confirmed by the staff we spoke with. They informed us that during these checks a senior staff member carried out observations of staff practice and their relationships with people they were supporting. They were used to provide feedback to staff and highlight areas of positive performance, as well as areas for improvement. We saw records of spot checks that had been completed and found these were carried out on a regular basis.

People's consent was sought by staff. People told us they were able to make their own choices and that staff asked them for permission before providing them with care. One person told us, "The staff tell me what they want to do and then they ask me if it's okay to do it." A relative commented, "I have watched the carers with my [relative]. I'm very impressed at the way they discuss things with her in a way she understands. They continually check that everything is alright and ask for her agreement to carry on."

A staff member explained, "We always ask people if it's okay to start their care. Sometimes people don't want you to do things and we have to respect that." Staff had an understanding of the Mental Capacity Act 2005 and were able to explain how the requirements worked in practice. One member of staff said, "I have had training in the Mental Capacity Act. I know what it's about." At the time of our inspection no one using the service was deprived of their liberty.

People told us that, where necessary, staff supported them to prepare meals and drinks. One person said, "They are very good at letting me choose what I want. I can be quite fussy but they get it right." A relative told us, "I know I can rely on the carers to make sure [relative] has enough food and drinks."

Staff said that most people had frozen meals purchased for them, or their relatives would leave them a prepared meal that required heating in the oven or microwave. A staff member said, "Most of the meals I help prepare are microwave meals. I do visit one person who likes me to make them freshly prepared food." Another member of staff told us, "We always leave drinks and snacks for people when we leave so they have something to eat and drink when no one is around to help them."

We saw detailed guidance in the file for one person who was at high risk of pressure sores. The guidance instructed staff to ensure the person received a healthy and varied diet and that they should receive plenty of fluids to help prevent tissue breakdown and promote healing. Care plans we looked at recorded instructions for staff to leave drinks and snacks within people's reach. Staff had received training in food safety and were aware of safe food handling practices.

People were supported to access health services in the community. We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, they knew that staff would support them to access healthcare appointments if needed. One person said, "I make my own appointments but I know if I need someone to come with me I can ask for help."

Good

Is the service effective?

Staff told us they would help support people to attend any health appointments if that support was required. One staff member told us, “We would take someone to an appointment if they needed that support from us.”

Records confirmed that people’s health needs were frequently monitored and discussed with them. They showed that people had attended appointments with health professionals such as their GP, dentist, optician and dietician.

Good

Is the service caring?

Our findings

People told us the staff were patient, kind and cared for them well. One person told us, "The staff are all fantastic. They really care for you. It's not just a job." Another person said, "All the carers are marvellous. They will always ask if there is anything else they can do for me." Relatives agreed that staff were kind, caring and compassionate. One told us, "All the carers without exception are doing this job because they care. They want the best for people." All the people we spoke with agreed that the staff were compassionate and took account of people's individual and personal likes, dislikes and preferences.

Staff were positive about the service and the relationships they had developed with people. One staff member told us, "We visit the same people so it's easy to build up relationships and really get to know people." A second staff member said, "The good thing about this agency is that they try their hardest to make sure you see the same people. This is more about the human touch."

Staff told us that they tended to go to the same people for visits to provide them with continuity and to build up relationships. They told us that they were supported to extend the duration of calls if people required additional support or time to ensure they weren't rushed or placed at risk. We looked at the staff rotas which demonstrated that where possible, people saw the same members of staff to allow them to build relationships and their understanding of their strengths and care needs.

People were involved in making decisions about their own care and support. They told us that staff encouraged them to express their views about their care and to inform staff about how they would like their care to be delivered. One person told us, "I discussed what I wanted from the agency and we talked about how they could do that for me." Another person told us, "Right from the start I have been involved in my care."

Staff told us they are aware of the needs and wishes of each of the people they see on a regular basis. They also told us that people told them how they would like to be cared for.

We looked at people's records and saw evidence to show people were involved in decision making processes and their preferences were clearly recorded. People told us that they had been involved in the development of their care plan. They said that they had been listened to and the care they received was according to their own wishes. One person told us, "I have been listened to. They have my care planned just as I asked." A relative informed us, "They [staff] have talked with us and more importantly listened to us. They have included us in all areas of my [relatives] care."

We saw that people had care plans in place and these recorded their individual needs, wishes and preferences. They had been produced with each individual so that the information within them focussed on them and their needs. There was evidence of people's involvement in their care plans and signatures to state they agreed with the content of them.

The registered manager told us if anyone receiving care and support requested the services of an advocate, they would help them to get one. They explained that they would contact the social worker or the advocacy agency directly to meet their request.

People told us that staff treated them with dignity and respect. They said that staff spoke to them in a polite and respectful way and that they took steps to ensure their privacy was maintained as much as was possible. One person said, "All the carers treat me with dignity and respect. They are very thoughtful and do their best to make sure I don't get embarrassed." Relatives we spoke with were also positive about the staff and one relative commented, "The carers are very good at making sure my [relative] has privacy and dignity. They are polite, respectful and do their best to preserve my [relatives] modesty."

Staff confirmed that they respected people's dignity and that privacy and people's rights were important to them. One staff member said, "I always make sure when I am assisting people with personal care that the curtains are drawn and people are not exposed." Another staff member said, "I always take people to the bathroom to provide their personal care. I will always keep people covered up with a towel." Records showed that this approach was reflected in people's care plans and that these areas had been covered in staff induction and on-going training.

Staff told us they had been provided with confidentiality training and were aware of their responsibility to ensure that information relating to people's care was not discussed outside the service. One staff member said, "I never discuss with anyone information about the people I care for unless that person has a need to know." The

Good

Is the service caring?

registered manager told us that people's files were kept locked in filing cabinets and the computers in the office were password protected to ensure confidentiality was promoted.

Good

Is the service responsive?

Our findings

People received personalised care that was specific to meet their needs and were involved in the planning of their own care. They said that staff visited them in their homes before a care package was offered to fully identify their needs and future wishes. One person told us, "The assessor was very very good. They talked about everything. I was very impressed." Another person said, "I was surprised they came to the house. It made it very convenient. We were told about the services they could offer. I felt a big sense of relief." A relative informed us, "I have been involved in all decisions about my [relative] care and what she needs."

Staff told us that they contributed to people's care planning and reviews and these took place in people's homes. One staff member told us, "Communication is very good. I am always kept up to date about any changes." They told us that people's needs and wishes were considered, such as what visits were needed by the person and what time they wanted staff to arrive. If staff had any views or concerns regarding somebody, they passed that information on to the office staff so that a review could be arranged accordingly.

The branch consultant had the responsibility of completing an initial assessment with people before a care package was commenced. They told us this was used to identify the areas where the person may require support, as well as the skills they already had. This would then be reviewed and used to produce the person's main care plan. Care files we looked at confirmed that people had a comprehensive assessment of their needs before they received care.

People told us that the service encouraged them to provide feedback about the care they received. People were sent satisfaction questionnaires and we found evidence that these questionnaires were completed and the results compiled to produce a report, from which actions could be taken to drive improvements.

People told us that if they had any concerns or issues they could raise them with the staff or contact the office and the problem would be resolved quickly. One person informed us that they had not had to raise any issues yet, but they were confident they could and would be listened to if they had to in the future. Another person said, "I haven't had to complain but I would feel comfortable to make a complaint if it was necessary." Relatives also felt that they could raise concerns with the service and they would be handled appropriately. One said, "I know if I had to make a complaint it would be taken seriously."

The registered manager told us that the service had a complaints policy and people were issued with a copy of the policy when they started to use the service. They also explained that the service had an internal system that monitored any complaints made. We looked at the complaints file and found that there were very few formal complaints made, those that were had been investigated and followed up.

Good

Is the service well-led?

Our findings

The service had a registered manager in post in accordance with their legal requirements, who offered advice and support. The registered manager also had the responsibility of managing another branch of the service. When they were required to attend the other branch this service was managed by the branch consultant. Staff we spoke with were positive about the management of the service. One staff member said, "All the office staff and the manager are very approachable. I know I could talk to anyone at any time."

In addition, there were systems in place to ensure the service met with other legal and regulatory requirements, such as sending the Care Quality Commission (CQC) notifications of certain incidents, such as safeguarding concerns. We looked at records which showed that the registered manager had sent such notifications, and had taken appropriate action to investigate and resolve concerns when they were raised.

We found that the service had a positive, open and transparent culture. People were positive about the care they received and felt that they were included and valued. They told us they received the support they needed to help them live as independently as possible. People were also positive about the registered manager and the branch consultant. They told us that they were visited and supported by the service. One person told us, "Everything has gone smoothly. The agency is very well managed." There was a clear relationship between people and the staff that cared for them, as well as with the branch consultant and the registered manager. We found that people and their families were included and involved in the monitoring of the quality of care. We saw that people had been asked to share their experiences via satisfaction surveys. We found that people's views and wishes were acted upon.

Staff told us there was positive leadership in place from the registered manager and the branch consultant, which encouraged an open and transparent ethos among the staff team. They felt they were well supported and were committed to the care and development of the people the service supported. Staff told us that communication was effective and concerns or issues were quickly identified and rectified. One staff member told us, "I can discuss anything no matter how silly it might seem." A second member of staff commented, "If I have any worries I know I can pop into the office and someone will be about to talk to." They told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Feedback was sought from staff through face to face meetings, personal development reviews and supervisory practice. The registered manager told us they maintained a number of quality checks and audits to ensure care was delivered to a high standard. They explained that the branch consultant carried out checks on areas such as daily record sheets, medication and care plans to ensure information was accurate and that staff were following the correct procedures. We looked at records and saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as incidents and complaints. Actions plans were used to identify areas for development. We saw that incidents were reported in full and that these were analysed to ensure that the service and staff learned from them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not protected people against the risk of unsafe care and treatment because the recording of medicines was not robust and did not provide an accurate record of medication administered to people.