

Firstpoint Homecare Limited

# Firstpoint Homecare - Leeds

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This was an announced focused inspection carried out on 7, 8 and 19 December 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 18 May 2017 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well- led. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

We carried out an unannounced comprehensive inspection of this service on 18 May 2017. At that inspection we found the provider had breached two regulations associated with the Health and Social Care Act 2008. Medicines were not managed safely and our concerns regarding the management of people's medicines had not been identified through the audits in place. We therefore concluded the audits on medication were not effective. At this inspection we found continuing concerns with the safe management of medicines and governance arrangements were still not robust enough.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC); however, they had left the service a few weeks previously. A new manager had been appointed and told us they would be making their application to become 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 and associated Regulations about how the service is run.

We found the provider was failing to protect people using the service against the risks associated with the unsafe use and management of medicines. Clear and accurate records were not being kept of medicines administered by staff. Gaps in the medicines administration records meant we could not be sure people were always given their prescribed medicines. Care plans and risk assessments did not support the safe handling of people's medicines.

Systems to monitor quality and identify issues and areas for improvement at the service were not always effective or recorded well. This did not demonstrate a commitment to continuous improvement of the service.

Staff understood their role and responsibilities for maintaining good standards of cleanliness and hygiene.

However, people who used the service said staff did not always wear full personal protective equipment. We informed the manager of this and action was taken to address the concern.

People who used the service and their relatives were complimentary of the staff and manager. People told us they felt safe using the service and they had consistent staff who knew their needs and provided good care.

Staff had completed safeguarding training and knew the signs of abuse to look out for and how to raise any concerns. There were enough staff to deliver care safely, and staff were recruited in a safe way.

Staff spoke positively of the management team. They told us there was a positive working culture and they were given the support they needed to carry out their roles.

You can see what action we told the provider to take at the back of the full version of the report.

## 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** ●

The service was not consistently safe.

We found improvements were needed with regard to medicines management and records.

There were sufficient numbers of staff to help keep people safe and meet their individual needs. Staff did not always wear personal protective equipment to reduce the risk of cross contamination.

Staff had received training in safeguarding adults and understood the signs of abuse to look out for and how to report any concerns.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well- led.

Quality assurance systems and processes to assess, monitor and improve the safety and quality of the service were not robust.

People who used the service and their relatives were asked for their views about the care and support the service offered.

Staff enjoyed working at the service and told us they received good support which enabled them to fulfil their responsibilities.

# Firstpoint Homecare - Leeds

## 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 was an announced focused inspection carried out on 7, 8 and 19 December 2017. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection site visit activity started on 7 December 2017 and ended on 19 December 2017. We visited the office location on 7 December 2017 to see the manager and to review care records, policies and procedures. We looked at six people's care plans and medicines records. We made telephone calls to staff on 19 December 2017.

The inspection was carried out by one adult social care inspector, a pharmacist specialist inspector and an expert-by-experience who had experience of domiciliary care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people who used the service and their relatives on 8 December 2017.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the service. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority, other stakeholders and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection providers are asked to complete 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. We did not ask the service to provide us with a PIR prior to this inspection.

At the time of the inspection, there were 14 people receiving the regulated activity of personal care from the provider. During our inspection, we spoke with five people who used the service, one relative, three care staff, the manager and two managers from other services managed by the provider.

# Is the service safe?

## Our findings

At our last inspections of the service in May 2016 and May 2017 we found people were not safe because medicines were not managed safely and appropriately. At this inspection we found the provider had not met the legal requirements in this area. Although some improvements had been made, such as the introduction of new medication administration records (MARs), improvements were still needed with regard to medicines management and records.

Staff had not accurately documented the level of support people needed with their medicines. This meant there was a risk people would not receive the support they needed. For one person, the medication risk assessment stated they needed support to take their medicines safely, however only morning medicines were supported by care staff and the person took medicines at other times of the day. There was no risk assessment in place to confirm the person could take these other medicines safely. For another person the medicine risk assessment said they were independent with medication; however the care plan stated the person should be prompted with medication in blister packs and inhalers.

Staff did not always ensure the administration of people's prescribed medicines was accurately recorded. We saw there were gaps in the MARs and that the records did not accurately detail the individual medicines administered on each occasion. We also saw records for the application of creams and ointments by care staff were not fully completed. This meant it was not always possible to confirm they had been offered to people, or applied regularly. This was not in line with good practice guidance and we could not be sure people had received their medicines as prescribed.

We looked at the guidance information kept about medicines to be administered 'when required'. The provider's policy stated a risk assessment and care plan should be in place that detailed how the medication should be given. We looked at the care plans for two people prescribed when required medicines and found that neither had these documents included in the care plans. This guidance helps to ensure staff administer these medicines in a safe, consistent and appropriate way. For another person prescribed when required medicines these were not listed on the MAR chart. This meant there was a risk these medicines could be missed.

Checks of the MARs were completed when they were returned to the office. However; there was no system in place to ensure the correct number of MARs were returned or that records were returned in a timely manner. For one person the most recent record returned to the office for review and audit was from September 2017. The audit of records had not picked up all of the issues we identified at our visit.

We found no evidence people had been harmed. However, our findings evidenced a continued breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 because the provider failed to have robust systems in place for the safe management of medicines. You can see what action we have asked the provider to take at the end of this report.

People who used the service told us they had no concerns about how their medicines were managed.

People spoke positively of the support they received. One person said, "They [the staff] do my regular medication in the morning, I've no problem with that, they write it all down." Another person told us; "They [the staff] do my pills, I take them all in the morning now and they see to that, no problem there." A person's relative said, "They [the staff] do [family member's] medicines and they write it all down."

People who used the service or their relatives told us they or their family members felt safe and well looked after by the agency. People's comments included; "I do feel safe with them, they are very nice", "They [the staff] look after everything in the house", "They [the staff] are most polite. I do feel safe with them, they are very well trained", "They [the staff] are lovely, they are like my friends now and I miss them when they are not here" and "I do think [family member] is safe with them, very much so, they [the staff] have been really good with [family member], they are very kind and gentle."

Prior to the commencement of the service environmental risk assessments were undertaken of the person's home to make sure it was a safe environment for staff to work in. We saw individual risk assessments were also completed and included the risk of falls and those associated with moving and handling, nutrition and poor skin integrity. Staff were able to describe the risks people faced and what they did to prevent and manage risk. This included changes of position for people and the use of barrier creams.

There were systems in place to ensure accidents and incidents were reported and recorded. An accident and incident log was maintained and showed details of actions taken in response to incidents or accidents to demonstrate any learning or improvements needed. However; we saw that one recent issue had not been fully followed up with a person's social worker. The manager and visiting branch manager agreed to do this at the time of the inspection. A relative told us staff had responded well when their family member had sustained a fall. The relative said, "There was one fall, which in a year isn't bad, whilst they were here but they dealt with that and it really wasn't their fault."

There were safe recruitment and selection processes in place. We looked at the recruitment files for four care workers and saw appropriate recruitment procedures had been followed. This included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable adults or children.

People were safeguarded from abuse. Staff we spoke with were able to identify abuse and how to report it. One staff member told us, "I feel sure that anything I reported would be dealt with." Staff said they had received training in safeguarding vulnerable adults and records confirmed this.

People and their relatives told us they were provided with consistent regular staff who arrived on time. One person told us; "They [the staff] turn up on time and they are very nice, they ask me what I want, and they always ask 'is there anything else you want' which is nice." Another person said, "They [the staff] are on time more or less and they are all very nice to me." A third person told us; "There are enough carers for me, they are really good."

Staff told us they worked in small teams to provide the care people needed. One care worker said, "We have our regular people and that's great as you can get to know them properly." Care workers told us they had enough time to meet people's needs. One staff member said, "There is no rushing, we have our regulars who we have got to know."

Personal protective equipment (PPE) was held at the office and made available to staff on request. Staff told us there was a plentiful supply of PPE and they had completed training in the prevention and control of



infection. People who used the service said staff wore protective gloves when providing their care. However, all the people we spoke with said staff did not wear protective aprons. This meant there was a risk of cross contamination. We informed the manager of this and they assured us they would address these concerns with the staff team. Shortly after the inspection, the manager sent us information to show how they had done this.

# Is the service well-led?

## Our findings

At our last inspections of the service in May 2016 and May 2017, we found breaches in regulation relating to good governance because the quality assurance systems were not effective. At this inspection, we found similar concerns and the provider had not met the legal requirements in this area and had failed to identify all the concerns we found with medicines management.

We saw staff signed MARs when people were given their medicines. The MARs we looked at did not always clearly demonstrate which medicines were administered on each occasion. We found medicines were listed on the MAR as 'blister pack' and the number of tablets administered was recorded. For all of the records we looked at the number of tablets recorded as given did not match the number of medicines listed on the document which described what medicines were being administered.

For one person a medicine was prescribed with a choice of dose. The records did not always show how much medicine the person had been given at each dose. The records for the application of creams were not fully completed. For example, we saw one person had a section on their risk assessment that stated that care staff applied a prescribed cream; the log book for this person also noted cream applied. However, there was no MAR in place to confirm what cream was applied, the frequency of application or who applied it. For another person prescribed a cream for fungal infections the administration records were incomplete indicating this cream was applied once daily on eight days and not at all on three days during November 2017 rather than twice daily as prescribed.

We saw gaps in the records kept for all the people we looked at. These were also identified in the audits done by the provider. However, there was no evidence of the action taken to improve the records. Due to the lack of accurate and contemporaneous records, it was not possible to determine if and when medicines had been administered as prescribed.

The service had a branch action plan in place with identified areas for improvement which included medicines management and care plans. The action plan had not been updated since May 2017 to show how improvements in these areas had been monitored. We concluded this action plan was ineffective in driving improvements in the service.

We found a care plan audit had been carried out by the provider's compliance team. This record was undated so we could not be sure when this was completed. Key action points had been identified and these included; 'a system to be developed which indicates and flags review dates for care plan reviews'. We found reviews of care records had not always been carried out when they were due therefore this audit had not been effective. One person's records we looked at had been due for review in July 2017 and this had not been identified by the provider.

The providers quality assurance procedure stated that internal audits of the files of people who used the service would be carried out once per year by the provider's compliance team. The procedure also stated that the branch would be informed of the timetable of these audits. The manager was not aware of a

schedule or timetable for care file audits. The provider's quality statement noted 'the registered manager will complete quarterly audits of the client's files'. We found no evidence that these procedures were being followed. Lack of auditing had contributed to the concerns we found with medicines and care plan records. Effective audits would have picked up the issues we identified at this inspection and driven improvements in the service.

The provider maintained a branch tracker which was a report of important issues that affected the service. This included information on accidents, incidents, complaints, missed calls and late calls. We looked at the branch tracker and saw a missed call had been recorded in May 2017. The record was incomplete as the impact on the person who used the service and action taken to prevent re-occurrence had not been recorded. The manager told us there had been no impact as the person was safe and action had been taken regarding the staff member who missed the call. However, this had not been recorded. We therefore could not be sure the provider, who we were told, maintained oversight of the branch tracker, was aware of concerns reported. This had placed people who used the service at risk.

We found none of the people who used the service were harmed because of the above evidence; however they had been placed at risk of harm. We therefore concluded there was a continued breach of regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The registered manager had left the service a few weeks prior to our inspection. A new manager had been appointed and told us they would be making their application to become the registered manager. The new manager had experience of the provider and had been promoted from a supervisory role to the manager's role. The manager described essential elements of leadership which included good communication and leading by example. The manager outlined their vision for the service and told us they had already started to make positive changes. A visiting branch manager said they had been impressed by the manager's grasp of staff personnel issues and how they had addressed them.

People and their relatives told us the service was well managed. People's comments included; "It's excellent I have never had a problem with it" and "I have always liked this service, I've never seen anything wrong with it." People told us they knew the manager and had met them. One person said, "I do see the manager quite often, [they] come to see me and ask if everything is alright." Another person said, "The manager has changed now but I know [them]. Knew [them] before and [they] are lovely, so that's good."

Staff felt well supported and spoke positively about the manager. Staff said they received regular supervision and an annual appraisal to help them develop in their role. We saw spot checks were used to drive continuous improvement in the service. For example, when practice issues were identified with staff, meetings took place with the staff member and strategies were put in place to improve the service delivery.

However, we found the records of supervision and spot checks were not available for nursing staff to show their competency had been checked and that they were fulfilling their roles appropriately. The manager thought these records were still in the possession of the previous manager. They told us they would try to obtain them and if unsuccessful would ensure these records were maintained appropriately in future.

People who used the service and their relatives were asked for their views about the care and support the service offered. People told us they were regularly asked to complete feedback forms and that the manager came out to see them to complete reviews. A relative said, "They do come out to do spot checks or reviews and things."

We looked at some of the feedback received from telephone reviews with people who used the service. There was an overall high degree of satisfaction with the service. If people had raised any concerns we saw these had been addressed. For example, one person wanted staff who were chattier so their staff team had been changed to achieve this. Another person had felt too rushed in the time they had allocated so changes had been made. This showed us the service valued and responded to people's comments in order to improve the quality of the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely.</p>  |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured appropriate systems were in place to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The provider had also failed to maintain an accurate, complete and contemporaneous record in respect of each person who used the service.</p> |