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 effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This is the first inspection of Firstpoint Homecare-Leeds. It took place on 1 March 2016 and was announced.

Firstpoint Homecare-Leeds is registered to provide personal care to people in their own home. At the time of the inspection, the service did not have 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.

We received positive feedback from people who used the service and relatives. They told the care was personalised and they were satisfied with the service they received. They told us the same staff usually visited and they turned up on time.

People told us they did not have any concerns about the safety of the service. However, when we checked the arrangements for managing medicines we found they were not following guidance so some people were placed at risk. We also found they were not always assessing risk properly or taking action to prevent similar events from recurring.

Staff told us they felt well supported and had received more support and supervision in recent months. Staff were trained to help make sure they understood how to treat people with dignity and respect, and care for people safely. Training was generally not provided to help staff understand how to meet people's specialist needs such as drug and alcohol misuse. The manager had identified this as an area they needed to develop to ensure staff were fully equipped to understand and meet people's needs.

We found people were not always consenting to care. Some aspects of capacity were looked at during the initial assessment phase, which was around consenting to care. However, we saw sometimes there was a record that the person lacked capacity but there was no assessment to show how they had arrived at these decisions. Relatives were routinely signing care records rather than looking at how the person receiving care could be supported to be involved in this process.
Some staff didn't understand the key requirements of the Mental Capacity Act 2005 despite attending training.

The provider's system to monitor and assess the quality of service provision was not effective. Actions that had been identified to improve the service were not always implemented. Staff provided positive feedback about the new manager and felt they had already made improvements to the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this 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.

Safe medicine administration practices were not followed so people were not protected against the risks associated with the unsafe management of medicines.

People who used the service and their relatives told us the service was safe. However, a lack of assessment and follow up actions indicated the service was not always managing risk and safety well.

Staffing arrangements were sufficient to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Training provision in some areas was sufficient but there was a lack of training to meet some people's specific needs. The manager was developing training to make sure staff were supported appropriately.

Some staff didn't understand the key requirements of the Mental Capacity Act 2005 despite attending training. Systems for making sure people consented to care were not effective.

The service provided support when required to ensure people's nutrition and health needs were met.

Is the service caring?

Good

The service was caring.

People we spoke with told us their experience was positive.

Staff developed good relationships and were confident people received good care.

Staff understood the key principles of good care delivery such as how to treat people with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received personalised care.

There was a lack of consistency in how well people's needs were assessed and their care and support was planned.

The provider had responded to people's complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

We received positive feedback about the manager; staff told us they had made improvements to the service since they started in November 2015.

The systems in place to monitor the quality of service provision were not effective.

Actions to improve the service were not always followed up.

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 inspection took place on Tuesday 01 March 2016 and was announced. On Friday 26 February 2016 we rang the provider and told them we would visit. We gave them notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. After our visit to the office we telephoned people who used the service, their relatives and staff. An adult social care inspector, a specialist advisor in governance and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of this inspection there were 20 people receiving personal care from Firstpoint Homecare-Leeds.

Before the inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch who told us they did not have any concerns about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

We spoke with two people who used the service and three relatives, six staff and the manager. A manager from another of the provider's services was at the office and assisted the manager of Firstpoint Homecare-Leeds who had only been in post since November 2015. When we visited the office we looked at documents and records that related to people's care and support and the management of the service. We looked at five people's care and support records.

Requires Improvement

Is the service safe?

Our findings

We looked at how the service supported people with their medicines and found the arrangements did not ensure people received their medicines safely. The service offered varied levels of medicine support from prompting people to take medication to administering medicines via a special tube. Each member of staff had an introduction to medicine management during their induction training, which included a written test. We looked at a copy of one of these tests for a staff member who supported people with medication. We found some answers given were incorrect, however, they had been assessed as passing their test.

We looked at the policy on medication. This stated staff would receive 'a signed competency assessment' and if they were dealing with controlled drugs, medication through a feeding tube, nebuliser or patches 'a further competency assessment would be undertaken'. We asked to look at competency assessments but were told these were not available. The manager said they were not aware staff had undertaken any such assessment.

We saw a formal record that a member of nursing staff who administered medication via a feeding tube had asked for additional training on tube feeding during a supervision session on 29 July 2015. The clinical lead for the company who supported nurses had recorded this was 'discussed with the office'. The manager confirmed the additional training had not been given to staff undertaking tube feeding medicine administration.

The medicine policy stated medication quality checks should be completed every four weeks on medication administration records (MAR). We looked at these checks for three people. Two were found to have last been checked in November 2015 and August 2015 and one record was not available. The manager told us these records had not been collected yet.

We found MAR's lacked basic information as sections to record GP and pharmacist details were blank. One person's MAR was handwritten and did not contain sufficient information to ensure the medication could be given safely. The record contained only the name of the drug. There was no dosage recorded, no route of administration and no further detail around how the medicine should be given.

We looked at one person's medication risk assessment which was dated 28 October 2014 and had not been updated since. Another person's medication risk assessment was dated 16 February 2012 and had not been updated. Another person's care plan stated they needed support to ensure they had their medicines on time and safely, however, when we explored this further, the manager said the plan had been written in error and the person did not in fact need any support. We concluded the registered person was not managing medicines safely. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People who used the service and their relatives told us they did not have any concerns about the safety of the service. Staff we spoke with said they would report any issues around safety and were confident the manager would act swiftly and deal with any things promptly.

Staff told us they had completed training around health and safety, such as moving and handling, fire awareness and infection control. Most staff said they had received training which covered safeguarding people from abuse although two members of staff said they couldn't remember if they had completed this training and were unsure about safeguarding procedures. Training records we reviewed confirmed staff had completed annual safeguarding training. We asked if the provider had any other mechanisms for making staff aware of their responsibilities to protect people from potential abuse but were told this was done through training. There had been no staff meetings and there was no evidence this was discussed during individual staff supervision sessions. We looked around the training room but there was no information about safeguarding people from abuse. The manager said they would look at introducing additional sessions to ensure staff understood their responsibilities around safeguarding people from abuse.

We looked at how the service dealt with accidents and incidents. A log for 2016 showed none were recorded and the log for 2015 showed eight entries. We looked at three incidents from the 2015 log; one where a medication pain relief patch was missed, one where an alleged assault had taken place and one allegation of financial abuse witnessed during a visit by staff. We asked to see the safeguarding records for these incidents. The incident log stated two of these incidents were reported using local safeguarding procedures. We looked at our records and found both incidents had been reported to CQC.

We noted in one person's daily notes a member of staff had recorded an incident where the person made inappropriate sexual and offensive comments. We saw no incident form had been completed and there was no information to show what action had been taken following the comments. There was no reference to this type of behaviour in the person's care plan. In another person's daily record it stated that, at the request of the family, two members of staff should no longer provide support to one person but again there was no incident form/record about what had happened. The manager discussed both incidents and indicated appropriate action was taken at the time, however, because there was a lack of information it was not evident that the incidents had been investigated or monitored to make sure actions had prevented further occurrences.

We looked at how risk was assessed for people receiving a service. We saw risk assessments had been completed for areas such as falls, medicines and bed rails. The company policy stated these should be regularly updated but we found this did not always happen. We saw a record for a person with complex nursing needs who had bed rails in place to ensure their safety. This assessment had been completed in February 2013 but had not been updated since. We saw another risk assessment for falls; this risk assessment had been recently completed however, the section that calculated the risk level was blank. One person was transferred using a ceiling track hoist but the information we reviewed indicated it had not been serviced since October 2014. We concluded the registered person was not doing all that was practicable to mitigate risks. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People we spoke with and their relatives said the same staff visited and they usually arrived on time. One person said, "I have carers three times a day; it's usually the same ones and they are on time." A relative said, "The same staff visit and they turn up on time." Staff we spoke with told us there was enough staff cover. They said they received their rota in advance and felt visits were well planned. One member of staff said, "Calls are well planned and we usually visit the same people." Another member of staff said, "We have well planned routines. I have my first client then a gap. [Name of manager] is brilliant at planning visits."

The manager was responsible for planning the rotas. They told us they were confident they had sufficient staff with the right skills to cover calls and meet people's needs. They said they were in the process of recruiting more care workers and were looking into recruiting some senior care workers (field care

supervisors) who would assist with the supervision of staff.

In the PIR, the provider told us, 'Our company run a centralised 24 hour on call service which provides support to the clients and also the care workers. This is backed up by a representative from the local branch who is contacted if required. Over the next 12 months the company will continue with the branch network roll out of call monitoring, in an aim to monitor the call lengths and ensure there is adequate travelling time.'

We looked at the recruitment records for two members of staff and found that checks had been carried out before they had commenced working for the service. Candidates had filled in an application form and attended an interview where an assessment form was completed by interviewers. Checks were carried out by the provider to make sure the candidate was suitable, which included proof of identify, conduct at previous employment and disclosure and barring service (DBS). The DBS is a national agency that holds information about criminal records. We saw information in one of the qualified nurse's file indicated their registration was not up to date. The manager followed this up and confirmed the nurse's registration was up to date but the record had not been amended.

Requires Improvement

Is the service effective?

Our findings

Staff we spoke with told us they had been well supported since the manager had started working at Firstpoint Homecare-Leeds in November 2015. They told us they had opportunities to discuss their work and any issues. They said they had been observed to make sure when they were providing assistance they were doing this appropriately. One member of staff said, "I think we get good support. [Name of manager] is really good." Another member of staff said, "I've had spot checks to make sure I'm doing my job well and talking to customers properly."

The provider's supervision policy stated, as best practice supervision will take place four times a year, every 12/13 weeks. Appraisals take place annually. Spot checks will be unannounced on a 12 weekly basis. Supervision is where staff meet with a supervisor to discuss their performance and are supported to do their job well. We looked at supervision and appraisal records and saw the frequency of sessions was varied. Some staff had received support as stipulated in the policy; others had not. It was difficult to establish the frequency for some staff because records were held in different places. The manager had been carrying out supervisions and spot checks and was starting to develop a more formal system to help make sure all staff received support as per the provider's policy.

Staff told us they attended training on an annual basis. One member of staff who had been working for the service for nearly a year said, "I've got my dates for completing my annual training. They have made sure it will all be up to date." We looked at training records which showed staff had completed a range of training which included equality and diversity, first aid, lone working, medication awareness, personal safety, violence and aggression, and data protection.

The manager told us registered nurses were supported, by a clinical lead who was employed by the provider, to ensure they remained updated in their practice. We were told that the nurses had undertaken update training recently. We spoke with one of the nurses employed who told us they received good support.

In the PIR, the provider told us they were providing a service to people with specialist needs such as misuse of drugs or alcohol, sensory impairment, mental health, dementia, physical disability and learning disability. We asked to look at how staff had been equipped to ensure people's specialist needs were being met. The manager said they had identified this was an area they needed to develop because staff covered mental health and dementia during their induction programme but did not cover other specialist areas. In the PIR, they told us they were reviewing their training with a view to introducing more specific and specialist training. One member of staff said, "I've spoken to [name of manager] about additional training and she is looking into this."

Staff completed introductory Mental Capacity Act 2005 (MCA) training. 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 told us staff checked they were happy about receiving care and involved family members in the decision making process. Staff we spoke with gave examples of how they checked people were consenting to care. For example, asking people what they wanted to eat and drink or if they wanted to take their medicines, and observing people's responses. Staff said if anyone showed signs they were unhappy with the care provided they would stop and discuss their concerns with the manager. Staff knowledge about the MCA was varied. One member of staff said, "It's about people making their own decisions and where they are unable to do this we talk to family members." Another member of staff said, "I've heard of it but am not sure what it is."

We looked at care records and found that routinely, relatives were signing to agree care needs rather than looking at how the person receiving care could be supported to be involved in this process. Mental capacity assessments had not been completed and care records did not show why people were not consenting to different aspects of their care.

We saw that some aspects of capacity were looked at during the initial assessment. This was around consent to receive medication, and assistance with food and personal care. Where staff had recorded that capacity was lacking, there was no evidence to show how they had arrived at these decisions.

We found two care plans that were written in the first person, for example, they stated 'I would like'. When we read the care plans it appeared neither of these people could have given enough detail to the staff to enable them to write a care plan in this way. Both of these people were listed in their assessment as not having capacity in a number of areas although a formal capacity assessment had not been completed. We also found that people using the service were not always involved in reviewing their care they were receiving.

We looked at five people's needs assessment; only one had been signed by the person who was receiving care. In some records 'UTS' had been recorded. The manager stated this meant 'unable to sign'. There was no information to show the service had tried to gain consent in other ways if people could not physically sign an assessment document.

We looked at the service Mental Capacity policy. The policy stated that the branch would complete an assessment of need around capacity if capacity issues were identified. We found this policy was not being followed. We concluded the registered person was not providing care and treatment with the consent of the relevant person. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

Where people required assistance with meals and healthcare staff had recorded the support people received. We saw from care records that the service worked closely with other professionals when needed such as social workers, GP's and commissioners. Staff told us before they left their visit they made sure people had access to food and drink.

Good

Is the service caring?

Our findings

People who used the service and the relatives we spoke with told us they were satisfied with the service they received. Everyone was positive and no concerns were raised. One person who used the service said, "I'm happy with things. I know who's coming and if it's any different they let me know. Staff are always polite." A relative said, "Staff are very friendly."

Staff were confident people received good care and were able to tell us about how they cared for people in a person centred way. One member of staff said, "Everyone is very individual. We care for people differently. This depends on their needs and how they want to be cared for. I visit a few people and know we do it the way they like it." Another member of staff said, "We do what's best for the person. We do different things for different people. We encourage people to do things for themselves but never leave people to struggle." Another member of staff said, "We are told to check people are ok when we are there and check again people are ok before we leave."

When staff started working for Firstpoint Homecare-Leeds they covered care standards during their induction programme. This included communicating effectively, respecting people's right to privacy, person centred support, confidentiality, equality and inclusion, and principles for implementing duty of care. Staff we spoke with told us they had received training to help them understand how to provide good care such as respecting people's privacy and dignity, and gave good examples of how they did this. One member of staff said, "We always try to make sure we arrive on time and when we are in a client's house we respect it's their home. I ask is it ok if I I've go into the kitchen so I can make them a drink. It's about being courteous."

Staff told us the manager checked they were doing their job well by observing them when they were supporting people. One member of staff said, "[Name of manager] visits and not only checks we are using gloves and filling in the paperwork, they also make sure we are speaking to people properly and doing everything right."

In the PIR the provider told us, 'We spot check all of our care workers to ensure they are providing the care as per the clients care plan and wishes. All care workers also attend a yearly update training where we talk/teach how to treat people with dignity, respect compassion and kindness.'

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their relatives told us they received person centred care. One person said, "They read the care plan so they know what to do." A relative said, "The care plan is written and it says everything. Staff make a record at each visit." Another relative said, "The manager has been out and checked the care is appropriate."

We looked at five care plans for people who were using the service and found these were varied. Some contained good person centred information that would assist staff to deliver person centred care. Others did not contain sufficient information around individual's specific needs.

We saw one example where there was detailed guidance around how the person liked to have their porridge cooked and served and another that explained that staff should not attend in uniform as the person did not like it as it reminded them of being in hospital.

We looked at two plans for people who had issues with alcohol misuse. We could not identify from these plans what support the people needed in this regard. We could only find historical information within the needs assessment.

We found that not all care plans were being reviewed. The manager told us this was usually done annually, unless people had a change in need. One care plan for a person with very complex needs had not been updated since 15 May 2012. The manager told us that staff were updating this plan currently.

We looked at the record for a person who had started using the service at the time of our inspection. A needs assessment and falls risk assessment had been completed at the end of February 2016 but this was unsigned. The person did not have a care plan. We asked the manager how the staff supporting this person would know what care to deliver. The manager told us they had spoken with a member of staff four days previously to explain what care was needed; the member of staff confirmed this. The manager accepted the person should have a care plan but felt the member of staff had sufficient information to deliver care. The manager told us they had not had time to complete the care plan but would complete this straightaway.

We looked at what care plans told us about the time people should receive their visits. We checked these against the daily log entries that staff made. We found log entries clearly recorded how staff had supported people. However, we found log times did not always match the visit times recorded in the care plans. The manager told us sometimes people changed the times of their visits and care plans should be amended accordingly but the ones we reviewed had not been updated. We concluded the registered person was not carrying out, collaboratively, an assessment of the needs and preferences for care and support of the person receiving the service. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

People told us they would talk to staff or the manager if they were unhappy about the service they had received. The provider had a complaint's policy which outlined how complaints would be handled. We saw

people were given information about making a complaint before they started using the service.

We looked at the complaints log which showed no recorded complaints in 2015 and one in 2016. However, we found that some complaints had been made but were not recorded on the logs and formalised. We found a letter at the back of a care plan following a meeting to review a person's care in November 2015. This record contained details of a complaint raised. The manager discussed action that was taken following the complaint which ensured it was resolved to the satisfaction of the person but acknowledged it had not been recorded.

The policy stated that all complaints would be recorded and given a reference number. Each complaint would then have details of investigations and outcomes with actions taken. The policy stated this was how patterns of complaints were reviewed. The manager agreed to make sure, in future, the policy was followed correctly.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager at the time of the inspection. A manager had been in post since November 2015 and told us they would be applying to register within the next few weeks. The manager showed us a range of systems they had introduced.. This included carrying out regular support sessions with staff. They had also arranged for documentation to be brought from people's homes to the office so they could carry out audits and check people were receiving appropriate care. These systems were being developed but it was evident from reviewing records and discussions with people who used the service, relatives and staff that the manager was being effective. One relative said, "[Name of manager] is trying to do the right thing, and is trying to sort things. We've recently had a review." A member of staff said, "[Name of manager] is doing really well and is really motivated." Another member of staff said, "Since [name of manager] started we've had great support."

We saw examples where the manager had taken action when they identified systems needed to improve. In January 2016, the manager had written to staff after checking daily care records. They had found recurring problems so had written to each member of staff and outlined what should be included in daily logs and why it was important. The manager had also reminded staff to collect the records monthly and bring them to the office.

The provider had a compliance sheet that captured staff training, appraisal, supervision, spot checks, driving details and occupational health reviews. These showed everything was up to date at the time of the inspection. It was evident from our review of staff records that staff support had not been provided consistently over the previous year, however, this was not captured through the compliance or auditing systems so did not reflect an overall accurate picture of what had happened in the service. This is important information when assessing and monitoring a service to help identify patterns and trends. A manager from another of the provider's locations was present during the inspection. They told us they were involved in a project where they were reviewing some governance systems and would look at how they could capture the information over a period of time.

The manager said they had received good support from the provider and other manager's since starting. We asked to look at any supervision/service reports that had been carried out since the manager started. None were available. We saw the latest audit report which was dated January 2015 so was over a year old. It showed the provider had visited the service where they had reviewed assessments/care plans, and spoken to the manager at the time. They had also checked a tracker which detailed missed calls, complaints, safeguarding and accidents /incidents. They had recorded action points for the branch but there was no evidence to show these had been followed up. One action point was for monthly telephone assessments to be completed (these are to check client satisfaction). We saw this was still not happening consistently. Since the provider's audit, one person had telephone assessments dated August 2015, December 2015 and February 2016. Another person had telephone assessments dated March 2015, December 2015 and February 2016. We saw a survey result summary sheet which showed feedback from people was very positive. However, the results were from November 2014. The manager said a survey and provider audit was due.

We looked at the provider's accident and incident policy. The policy focussed on accidents and incidents relating to staff rather than what to do when it was an accident or incident involved people that staff were supporting. We saw a 'complaints escalation matrix' which said that medication errors and allegations of abuse must be reported to the manager and responsible individual 'as soon as possible'. We saw this did not always happen. However, this had not been picked up through the governance arrangements. We concluded the registered person's systems and processes were not established or operated effectively. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

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 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 9 HSCA RA Regulations 2014 Person-centred care The registered person was not carrying out, collaboratively, an assessment of the needs and preferences for care and support of the person receiving the service.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person was not providing care with the consent of the relevant person.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person was not doing all that was practicable to mitigate risks. The registered person did not have systems for the proper and safe management of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person's systems and processes were not established or operated effectively.