Firstpoint Homecare Limited

Firstpoint Homecare Ltd (Erdington)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 06, 07 and 08 November 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure staff would be available. At the last inspection on 18 February 2016, we found that the provider was 'good' under the key questions of safe, effective, caring and responsive and required improvement under the well-led.

Firstpoint Homecare Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. Firstpoint Homecare Limited also provides support to people on a daily basis that includes staff living with the person in their own home. The support is provided by means of set hours. For example nine till five each day and then another member of staff would remain overnight to support the person. At the time of the inspection the service supported 39 people ranging in age, gender, ethnicity and disability.

There was a registered manager in post at the time of the inspection. 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.

Staff felt supported and spoke highly of the management team and felt involved in developing the service. The provider had quality assurance and audit systems in place to monitor the care and support people received. Although not all the systems were effective and required improvement.

People felt they were safe and their homes left secured after staff had completed their visits. Relatives believed their family members were kept safe. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Risks to people were assessed and monitored and people were supported by staff that was provided with guidance on how to manage people's specific medical conditions. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People were supported by sufficient numbers of staff that had been safely recruited although their recruitment processes required some improvement. People were supported with their medication by staff that had received appropriate training. Staff were equipped with sufficient personal protection equipment to reduce the risk of infection and cross contamination when supporting people with their personal care.

People's needs were assessed by a qualified nurse to ensure the care and treatment provided was individual to the person. People were supported by staff that felt they had the skills and knowledge to care and support people in their homes. Where appropriate, people were supported by staff to access health and social care professionals; with timely referrals made to healthcare services when people's needs changed.

People were supported to make choices and involved in the care and support they received. The provider was taking the appropriate action to protect people's rights.

People told us staff members were caring and treated them with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs. People were supported with their healthcare needs and felt involved with their care provision.

People felt they could speak with the provider about their worries or concerns and most felt they would be listened to and have their concerns addressed.

People felt reassured the provider would ensure their personal preferences and choices were respected at the end of their life to ensure a comfortable, dignified and pain free death.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People felt safe with the staff that provided them with support. Staff recognised signs of abuse. Systems were in place to protect people from the risk of harm and staff knew how to report any suspicions of abuse. Any investigations were conducted in partnership with other agencies to a satisfactory conclusion.

People were safeguarded from the risk of harm because risk assessments were in place to protect them.

People were supported by sufficient numbers of staff that were recruited safely, to ensure that they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed by their GP.

People were protected from infection and cross contamination because staff members were provided with sufficient personal protective equipment.

Is the service effective?

Good

The service was effective

People's needs were effectively assessed and they were supported by staff that had the skills and knowledge to assist them.

People were supported to access additional medical support when their needs changed in a timely manner.

People were happy with the care provided by their regular staff and were supported to make decisions and choices about their care.

Is the service caring?

Good

The service was caring

People were supported by staff that was kind and respectful.

People's independence was promoted as much as possible and staff supported people to make decisions about the care they received.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive

People received care and support that was individualised to their needs, because staff members were aware of people's needs.

People knew how to raise concerns about the service they had received.

People who were at the end of their life were reassured staff would be sensitive.

Is the service well-led?

Requires Improvement

The service was not always well-led

Quality assurance and audit processes were in place to monitor the service to ensure people received a quality service. Although the auditing of care plans and recruitment processes were not always timely and effective.

People were encouraged to provide feedback on the quality of the service they received.

People and their relatives were happy with the quality of the service.

Staff felt supported by the provider and involved in developing the service.

The provider worked in partnership with other services to ensure they supported people in a safe and consistent way.

Firstpoint Homecare Ltd (Erdington)

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.

The inspection took place on the 06, 07 and 08 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure that someone would be available to meet with us. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has had experience of working with this type of service.

As part of the inspection process we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also contacted the local authority for information they held about the service and reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

We spoke with three people that used the service, four relatives, the nominated person, four care staff and the care co-ordinator. We looked at four people's care records to see how their care and treatment was

planned and delivered. Other records looked at included four staff recruitment files to check suitable staff members were recruited. The provider's training records were looked at to check staff was appropriately trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Good

Is the service safe?

Our findings

At the last inspection in April 2016 we rated the provider as 'good' under the key question of 'Is the service safe?' At this inspection we found the service had remained 'good.'

People we spoke with confirmed that they felt safe with staff in their homes and how staff supported them. One person told us, "I feel perfectly safe." One relative said, "It makes us feel confident that [person's name] is safe with them [staff members]." Another relative explained, "All of this [the service] makes me feel that [person's name] is cared for and the service is absolutely safe for them." Staff we spoke with and records we looked at, showed staff had completed safeguarding training on how to protect people from risk of abuse. One staff member told us, "If there are any signs that could suggest someone was being abused like the person becoming suddenly withdrawn or some unexplained bruising, I would contact the office." Another staff member said, "If someone told me they were being abused, I'd listen without interrupting them, record what they had told me and explain to them that I would have to call the office so we can keep them safe." The provider had processes in place to support staff to report concerns. We found investigations had been conducted in partnership with the local authority and appropriate agencies where necessary and had been resolved with satisfactory outcomes.

People and their relatives explained risks to people had been assessed by the provider. The Provider Information Return (PIR) stated that all new people to the service received an assessment from the provider's registered general nurse. Our inspection and discussions with people confirmed this to be the case. One relative explained, "They [staff] know how to move [person's name] with the slide sheet, I do feel he is safe when staff do move him." We found risk assessments had been completed for people that required more complex support. For example, with assisted feeding through a tube, at high risk of sore skin because they were cared for in bed and those at end of life. Staff we spoke with demonstrated in their answers to us, their knowledge of people and their individual support needs. We also found risk assessments had been completed so staff was mindful of environmental factors they needed to be aware of within people's homes. For example, if there were pets in the home for staff members with pet allergies.

People and their relatives told us they were 'generally' supported by regular staff members. One person said, "I have a regular carer who is familiar with me and knows where everything is." A relative told us, "We have two regular carers and they are very good. We have a good working relationship and they are professional and know how to conduct themselves. They always phone if they are going to be late or if it's a different carer and are a safe pair of hands." Staff we spoke with told us they thought there were sufficient numbers of staff to support people and confirmed they received regular hours of work with regular people to support.

People and relatives we spoke with could not recall any missed calls and staff 'generally' arrived on time. One relative said, "The carers are usually on time within about half hour." We saw that staff performance was monitored and managed through supervision meetings and spot checks. A spot check is completed by a senior member of staff observing the working practices of staff. People were supported by staff members that were safely recruited. Staff spoken with confirmed they had pre-employment checks, including a

Disclosure and Barring check (DBS) completed before they started to work for the provider. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. However, on one record we noted no risk assessment had been put in place. We discussed this with the nominated individual and a risk assessment had now been completed. We saw the staff member had been in post for over six years. During this time they had received regular supervision, no complaints had been received and the quality of their work had been established through spot checks. This showed that the service had effective policies and procedures in place to keep people safe.

Staff spoken with had the knowledge they needed to support people with their medicines, where appropriate. All staff spoken with had completed training in the administration of medicine. Staff told us that if they had any concerns about medicines, for example a new prescription they would discuss this with the individual they were supporting and their family members or raise it with the management team. One person told us, "I'm not on much medication but when I have a course for antibiotics they [staff] will help me." A relative explained, "They [staff] prompt mum with her medicine and it works well." This showed that there were systems in place to assist people with the management of their medicines.

People and their relatives spoken with had no concerns with infection control. Staff told us they were provided with sufficient gloves and antibacterial gel to sanitize their hands. During our visit we saw staff visit the office to collect personal protective equipment such as aprons, gloves and sanitizer. Staff confirmed they had completed training in infection control and were familiar with the provider's infection control policy. One staff member told us, "Aprons are always available for us to collect and we can take up to a month's supply at a time. I tend to leave a box of gloves at people's houses for me to use." This showed the provider had processes in place to reduce the risk of infection and cross contamination and that staff adhered to these processes.

Good

Is the service effective?

Our findings

At the last inspection in April 2016 we rated the provider as 'good' under the key question of 'Is the service effective?' At this inspection we found the service had remained 'good.'

People and their relatives spoken with confirmed the provider had conducted initial assessments before the person joined the service. The assessments were completed by the provider's own Registered General Nurse and included a detailed care needs assessment to ensure people's individual needs could be met to ensure the care being delivered was effective. People and relatives spoken with told us they felt that staff had the correct training and knowledge to meet people's needs. One person said, "Staff do get training because they will say to me, sorry I wasn't here yesterday because I was on training." A relative told us, "We have had a new bed and hoist and the staff have to use the hoist to move [person's name]. They [staff] are all very good and efficient at using the equipment." The staff we spoke with was able to explain to us about the individual needs of the people they supported. One staff member said, "[Person's name] likes to open the door herself, there is a key safe for us to use but we like to encourage that little bit of independence."

We saw that new staff members had completed induction training which included working alongside an experienced member of staff. Staff spoken with confirmed they were satisfied with the amount and quality of training they received. One staff member told us, "We've got all our training, which is refreshed every year and if we need any specialised training like in peg feeding, the manager will arrange for the nurses to show us. It's very good." Another staff member said, "I've told the manager I would like some additional training and they are going to arrange this for me. It's a good company to work for." The nominated individual confirmed and we saw that staff completed the provider's compulsory training each year, with additional specialised training available to those who requested it. The training did not include the Care Certificate but we saw the provider's training covered the same principles. The Care Certificate is an identified set of induction standards to equip staff with the knowledge and skills they need to provide safe and effective care to people.

Staff we spoke with confirmed they received supervision every six to eight weeks from a member of the management team. This was verified in staff records which included spot checks on individuals. We saw where problems had been identified through the checks; these were discussed with staff in their supervision. One staff member told us, "When mistakes are made this information is shared with us at our supervision or in team meetings so we can learn from them so they don't happen again."

Everyone we spoke with did not require assistance from the staff with their nutritional diet because they received support from their relatives. However, staff we spoke with explained when they had finished their tasks they always left people with sufficient snacks and drinks. A staff member said, "We have had food hygiene training although I don't prepare food for anyone, I always leave a drink for people."

We saw from care plans there was significant input from health care professionals, for example, district nurses, community nurses, tissue viability nurses and GPs. People we spoke with confirmed they were supported by additional healthcare professionals. A staff member told us, "If we notice there is a change in

[person's name's] health, we will contact the nurses ourselves and they will come out to see the person." A relative explained, "They [staff] phoned us up when [person's name] was chesty and they were right, they [staff] phoned an ambulance and [person's name] was taken to hospital with a chest infection." We saw that staff understood when it was necessary to seek emergency help, which ensured people's health care needs continued to be met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Most of the people currently using the service were able and supported to make their own decisions. Staff spoken with told us if they had any concerns about a person's ability to make decisions they would inform the manager. People we spoke with told us they were supported to make decisions about the care they received. People continued to tell us staff explained what they were doing and would seek their consent before carrying out any support and care needs. One person said, "[Staff name] always asks permission before doing anything." A relative explained, "Every time they [staff] come to visit, they always try to involve [person's name] checking if it is ok for them to help her." Staff confirmed because they had regular calls this had helped them to get to know the people they supported. For example, one staff member said, "[Person's name] might not be able to verbally tell me what they want but I know by their face expressions, their movements and their behaviours what it is they do want." Relatives told us that they were able to have an input into planning care with their family member. Staff explained how they involved people in their day to day choices. For example, one person explained "They [staff] show me what's in the fridge and leave me to decide what I want."

Good

Is the service caring?

Our findings

At the last inspection in April 2016 we rated the provider as 'good' under the key question of 'Is the service caring?' At this inspection we found the service had remained 'good.'

Everyone we spoke with told us staff members were caring and kind and people received the help and support they needed when they needed it. They continued to tell us the staff was patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, "The girls are all very nice and friendly so I don't mind any of them coming. We have a chat and in fact I look forward to them coming, it's company for me as I don't see anybody else." The person continued to tell us "I do occasionally have a male carer but I don't mind, they [staff] are all very helpful. I am treated very well I wouldn't change anything."

People we spoke with confirmed they were given every opportunity to make choices for themselves, for example when choosing clothes to wear or how they wished to be supported with personal care. Care plans showed that an assessment of the person's care needs was completed so the provider could be sure that they could meet the person's needs. People and relatives we spoken with confirmed following discussions, a care plan was produced. We saw care plans included information about people's abilities and what they could do for themselves as well as the areas they required support with. We also saw the care plans contained information about how staff members were to support people to encourage and maintain their independence as much as practicably possible. Any changes to the persons care needs, including when areas of need had become areas of dependence were also recorded in people's care plans.

We saw that people were provided with a detailed 'client services guide '. Contained within the booklet were, for example, contact details for the office, copy of complaints policy, information relating to safeguarding, medication management and a copy of the person's care plan. The nominated individual explained to us how the provider ensured people had information in an accessible format. For example, the guide was made available in different written formats for example, a larger font size, different coloured paper or Braille. The registered nurse explained people's preferred method of communication was discussed with the person and their relatives at the time of the initial assessment.

People and relatives told us that they never heard staff talk disrespectfully about another person while they were in the person's home. One staff member said, "We do get time to talk with people but we never disclose anything about anyone else." People told us staff was discreet and they felt assured their personal information was not shared with other people on the service. A relative confirmed, "They [staff] never talk about anybody else, if they [staff] are late they may say they got held up at the last person but never mention any names"

Staff we spoke with explained how they always treated people with respect and maintained people's dignity. One person told us, "They [staff] always make sure I am comfortable and I have levels of pain which I think they understand how that affects me." A relative told us, "I'm always here and I hear them [staff] explain to [person's name] what they are going to do and they communicate very well and check that he is

happy for them to do this. They won't leave him until he is comfortable. All of this makes me feel that he is cared for. They always moisturise him. I couldn't manage without them. I would rate this company and my carers as excellent." Staff gave us instances of how they ensured a person's dignity and privacy was maintained. For example, one staff member told us, "I always use a towel to cover people and talk to them while I'm washing them, it helps them relax because some people can get embarrassed and it's important to help people feel relaxed."

Good

Is the service responsive?

Our findings

At the last inspection in April 2016 we rated the provider as 'good' under the key question of 'Is the service responsive?' At this inspection we found the service had remained 'good.'

People and the relatives we spoke with told us they felt people's individual needs were being met. One relative said, "They [the provider] have been good trying to match the care workers to mum". People and relatives confirmed they had been involved in the initial assessment process with how care and support needs would be delivered. We saw that assessments were carried out and care plans written to reflect people's individual needs. Each of the care plans we looked at had a copy of the care plan, which had been or was due to, be reviewed. The plans were individual to the person's care and support needs and contained information about the person's life history, although this was in places limited background information. However, staff members we spoke with were knowledgeable of people's individual needs and demonstrated in their answers to us that they knew people well.

Not everyone we spoke with could recall a review of the care being provided. One relative told us, "[Registered manager's name] came out about three months ago to do the review." Another relative explained, "We have not had a review but [person's name's] care hasn't changed since they came out of hospital." The nominated individual told us that reviews took place every six months, unless there was a change in a person's care and support needs then a review would take place to reflect those changes. Care plans we looked at had not always been updated as regularly as we had been told. However, staff spoken with confirmed any changes in a person's health would be notified to them by the management team immediately.

People and relatives we spoke with told us they were generally happy with the service received from the provider and had no complaints they wished to raise. One relative explained, "I did complain about the different cares that were coming in and the difficulty we were having building up a relationship. But the [the provider] listened to us and now we have kept the same carers which has made things much easier." Another relative told us, "Overall I think the service is brilliant but sometimes I think there is a bit of a lack of communication in the office because one time I asked for a time change but this didn't get passed to the carers, it wasn't a major problem because another carer came out."

People and relatives we spoke with confirmed if they had any complaints, they were confident the provider would deal with their concerns quickly. One relative told us, "I have spoken with [registered manager's name] about a matter and they were fantastic." We checked the provider's complaints records; where complaints had been made they had been dealt with and brought to a satisfactory conclusion for all parties concerned.

The PIR stated that the provider conducted monthly telephone feedback surveys which enabled them to gather information from people receiving the service and their relatives. People and relatives we spoke with confirmed they had received both visits from the registered manager and/or telephone calls to check if they were happy with the service they received.

The provider supported a high number of people who were at the end of their life. We spoke with staff who knew people's preferences and we saw in people's care plans their choices to manage their end of life in a sensitive and dignified way had been recorded. We saw that people had access to palliative care professionals and had timely access to additional support when required.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in April 2016 we rated the provider as 'requires improvement' under the key question of 'Is the service well led?' We had found that the systems in place to monitor the recording of complaints had not always been recorded effectively. This was because there had not been any analysis of the complaints to identify trends to reduce the risk of any reoccurrence. At this inspection we found there been an improvement to the provider's complaints process. However, the under the question of is the service 'well led' this had remained 'requires improvement.'

There were systems in place to monitor the quality of the service provided to people. However, not all checks were effective because we found of the four care plans we looked at information for staff about identified risks associated with people's care had not always been recorded within individual risk assessments. We also found that two of the care plans, in places, had not been reviewed for 12 months. Two of the four staff files we looked had also required further analysing. We spoke with the nominated individual about the quality assurance processes. We were told a staff member had left the organisation which had led to a delay in care plans being reviewed. The registered nurse explained they were in the process of reviewing all care plans and updating them with the most recent and relevant information. The registered manager, post inspection, had confirmed all appropriate recruitment checks and relevant risk assessments had now been completed and verified.

The staff we spoke with confirmed staff meetings took place every couple of months. We saw the provider had kept a record of staff meetings and minutes were available to staff. Staff we spoke with all told us they felt supported by the registered manager and the management team. Comments made by staff included, "I really love working here, we have a company car which is great, don't have to worry about petrol, tax or insurance." "We do get feedback from [registered manager], they are always happy with our work, we have no problems." "Communication is really good, we know what is expected of us and I'm very happy to be working here." People and relatives we spoke with told us they were happy with the service provided and felt the agency was well managed. One person said, "I am very happy with my care." We saw evidence in the care plans we looked at that feedback was sought about the delivery of care from people and their relatives. Where issues had been identified they had been dealt with and where appropriate, action plans put in place. Staff were also asked to complete feedback surveys on their experiences of working for the provider. We saw there were staff incentive schemes for example, vouchers for staff that were identified as going that 'extra mile.' The nominated individual explained they felt this approach from the provider had helped to retain staff members which ensured continuity of staff for people.

Staff told us they would have no reservations raising concerns with the management team. One staff member said, "[Registered manager's name] is very approach and you can go straight to them with any problems even personal problems." Another staff member said "If I did have to raise anything and nothing was done, I wouldn't hesitate in contacting you [CQC]." We saw the provider had a whistleblowing policy in place to support staff. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

There was a registered manager in post who had provided continuity and leadership, supported by the nominated individual. The provider had completed our PIR and the information stated on the return, reflected what we saw during the inspection. The information within the PIR had identified where improvements were required and the plans the provider had in place to ensure the sustainability of the service. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

It is a legal requirement that the overall rating from our last inspection was displayed on the provider's website and we found it was also on display within the office. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice. We also found the provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.

We could see from people's care records there was an effective working partnership between the provider and other agencies. Information was shared between agencies as and when necessary to ensure people continued to receive their individualised support. For example when it became necessary for people who were at the end of their life to be moved into the local hospice.