

Firstpoint Homecare Limited

Firstpoint Homecare - Leicester

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

We visited Firstpoint Homecare - Leicester on the 6 September 2018, the inspection was announced. We gave the provider 24 hours' notice of our visit, as we wanted to be sure that we had access to records and documentation that are stored at the office location. The service is registered to provide care and support to older adults and younger disabled adults in their own homes.

When we last visited the service on 9 January 2018, we found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was, at that inspection, rated as Requires Improvement.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well Led. At this inspection we found the provider was no longer in breach of regulations, but still required further improvements. We will assess this at a later date.

At this inspection we found that people using the service were protected from harm as the provider had processes in place to ensure their safety. Staff were aware of their responsibilities in relation to protecting people from abuse. They had received appropriate training to support their understanding of any safeguarding issues.

The manager currently overseeing the service was aware of their responsibility to report any issues of concern to both the CQC and the local safeguarding teams. There were clear processes in place to ensure lessons were learnt following any incidents or events, however, it remains to be seen if these are sustainable over time.

Any risks to a person's safety were clearly identified with measures in place to eliminate or reduce such risks. In the main, there were sufficient numbers of staff to keep people safe, however, more recently this has not always been the case due to staff absence.

People's medicines were managed safely and people were protected from the risk of infection through good hygiene practices and staff knowledge of reducing the risks of cross infection.

Recruitment processes ensured only staff who were suitable to work in the care sector were employed. This supported the safety of people using the service.

Staff knew what to do if they had concerns about the safety or well-being of any of the people using the service.

The people we spoke with said they felt safe as a result of the care and support they received.

The service was currently being led by an interim manager who had visited people to gain their views on the service. People and staff told us that regular spot checks were completed on the quality of the service.

There were quality assurance systems in place to monitor the efficiency of the service being provided, however, these were not always robust enough to show shortfalls in a timely manner.

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 ●

People were kept safe and the risk of abuse was minimised because staff knowledge, and systems in place, ensured any allegations or incidents were addressed.

Any risks to people's safety were assessed to reduce risks.

People were not always supported by adequate numbers of staff.

Medicines were managed safely and practices supported the control of infection.

Is the service well-led?

Requires Improvement ●

Systems had been developed to monitor and assess the quality of the service.

People were supported to share their experiences of the service and the care provided.

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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.

We undertook an announced focused inspection of Firstpoint Healthcare-Leicester on 6 September 2018. This inspection was done to check the provider had taken action to make improvements to meet legal requirements to comply with warning notices issued by CQC. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. At the site visit we spoke with the person who is currently overseeing and managing the service. Following the inspection we spoke with one person using the service, four relatives of people using the service and with three members of staff.

We also looked at the care record of three people using the service, their medicines record, two staff recruitment files and training records. We examined a range of records relating to the running of the service including quality audits and monitoring documentation.

Is the service safe?

Our findings

At our last inspection on 9 January 2018 we found a breach of Regulations 12, 13 and 18 relating to protecting, safeguarding and supporting people. The provider did not always do everything practicable to mitigate risks. We issued the provider with a warning notice. This inspection was carried out to make sure the provider was now compliant with the warning notice.

At this inspection we found the provider had made the required improvements and was compliant with the warning notice.

At this inspection we looked at the risk assessments in place that had been reviewed and re developed. The risks to people's safety were clearly identified and measures in place to reduce or eliminate these risks.

Risk assessments also supported people to be as independent as possible while dealing with any risks. The information was detailed and gave staff guidance on how to support people with the different aspects of their life. For example, the risk assessments gave staff clear guidance on how to manage a person's mobility and how to maintain their safety. When we spoke with staff they described this to us, showing they followed support plans.

People we spoke with told us that they felt safe when staff assisted them and they felt staff ensured they were safe.

The actions taken, in relation to the management of safeguarding people where any risk arises since our last inspection showed the provider was no longer in breach of regulation 12.

When we previously visited the service we found the provider was in breach of regulation 13 and 18. The provider did not always do everything practicable to ensure people were protected from improper treatment. This was found to be the result of poor staff deployment and covering staff absence, leading to missed visits.

At this inspection we found systems had been put in place to monitor the visit times completed by staff and to identify where cover was required. People using the service were also asked about the punctuality of staff on a regular basis. Any incidents were analysed and this information used to produce new and safer procedures. This also supported safe practices and helped to identify any trends that may be developing over time.

People told us that the service had greatly improved and that staff times and staff deployment had improved. However, two people told us of recent disruptions to their service. We were informed that this was a result of staff sudden absence that week. We were assured that these issues would be addressed directly with the people concerned and the correct staffing levels provided. We will check this at our next visit.

The action taken by the provider meant the service was no longer in breach of regulation 13, however, more

improvement is still required to ensure a consistent quality of the service delivery regarding timely visits and to ensure all needs are being met appropriately.

At our previous inspection we found the provider was in breach of regulation 17 due to their lack of analysis and reviewing safeguarding incidents to improve the service.

At this inspection we found that the provider had developed procedures to ensure regular monitoring was completed and analysed to identify any trends. Contact was made with people to make certain all recent issues had been recorded to further develop this system. This information will now regularly be collated and reviewed to safeguard people and staff from any identified issues arising. The provider is therefore no longer in breach of regulation 17, but this system will need to be shown as a suitable tool over time that is fit for purpose as it is still being further developed.

People's care was provided by staff who had regular training that included safeguarding. This supported staff to identify signs and symptoms of abuse and this training was regularly updated. Our discussions with staff showed that they were aware of their responsibility relating to any abuse and would speak out if this was identified.

At our previous visit we found that people's medicines were not recorded adequately to ensure staff knew what medicines they had given.

At this inspection we found new recording systems had been implemented. The provider had contacted all staff to reinforce good practices regarding medication and recording. The provider received these sheets on a monthly basis and these were checked for accuracy. These details also provided fuller information to then be recorded into care plans. We noted that all medication was detailed in full on the newly developed care plans.

Previously we found that people's care plans were not always up to date to ensure information was current and relevant. These details and needs were not adequately monitored, particularly where people were at risk of poor nutrition and hydration.

At this inspection we saw that all care plans had been fully reviewed and presented in far more detail. People had been asked about their preferences and how they wanted their support or care provided. This meant that information was up to date and supported the safety and well-being of people. Details reflected individual choices. This information was obtained following a consultation with people. Any hazards that may impact on chosen routines were then assessed to minimise such risks, safely supporting personal choices.

This review also meant that care plans now contained nutrition and fluid charts. These provided a fuller and complete picture in care plans of routines and any further needs that may require reviewing.

People were protected from the risk of infection by policies and procedures that were put into practice. People we spoke with confirmed that staff regularly wore suitable protective items, staff also confirmed this to us.

Food hygiene training was regularly updated to make certain staff were aware of current practices. This meant that staff used safe methods and routines when dealing with any food preparation and handling for people.

At our previous inspection we found the provider was in breach of regulation 18 due to the monitoring and evaluating systems in place at that time. These systems were not effective enough to identify areas requiring attention and development of the service, compromising the quality and efficiency of the service being delivered. The action taken by the provider means they are no longer in breach of this regulation.

Is the service well-led?

Our findings

At our last inspection on 9 January 2018 we found a breach of Regulation 17 relating to good governance. We issued the provider with a warning notice. This inspection was carried out to make sure the provider was now compliant with the warning notice.

At this inspection we found the provider had made the required improvements and was compliant with the warning notice.

The manager currently overseeing the service was aware of their responsibility to report any issues of concern to both the CQC and the local safeguarding teams.

There were now clear processes in place to ensure lessons were learnt following any incidents or events, this will be assessed at a later date to ensure sustainability.

All information had been reviewed and updated to ensure information was current and relevant. We were told that this exercise had highlighted areas requiring development and these were being addressed, for instance, a new system of logging visit times and their duration was to be installed. This system would allow for easier identification of where staff were needed and also support appropriate deployed.

There were regular reviews over all aspects of the service. Staff appraisals and regular spot checks continued, as did refresher training. New processes that had been implemented covering complaints or concerns, now meant that any trends or areas that required improvement were identified quickly.

A manager from another area overseeing these changes and dealing with the day to running of the service, had not always returned calls from people. The recording of all contact made through telephone calls, to or from the office, were now fully recorded to ensure everyone had a call back.

New forms for recording medicines, new care plans and consultation with people had been completed to fully inform the deployment of staff. It was recognised that these plans were in their early stages and required embedding into practice to be fully effective.

People told us that they felt the service had improved. People and staff confirmed that spot checks were carried out to monitor staff practices in people's home.

The provider now had new systems in place to monitor the quality and effectiveness of the service; these required continued assessment to ensure all areas of the service were being monitored appropriately.