

Firstpoint Homecare Limited

Firstpoint Homecare Darlington

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?	Good ●

Summary of findings

Overall summary

We inspected Firstpoint Homecare Darlington on 17 July 2018. This was an announced inspection so that people could be informed that we wished to speak with them in their own homes.

Firstpoint Home care Darlington is a domiciliary care agency. It provides personal care to people living in their own homes in Darlington, Catterick, Richmond and Northallerton areas. This area includes local towns, villages and more rural areas in North Yorkshire. On the day of our inspection there were 56 people using the service.

The service had a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

We inspected the service in April 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

People and relatives felt the service was safe. Staff were trained in safeguarding and understood the importance of acknowledging poor practice and reporting their concerns to the registered manager.

Staff supported people with their medicines in a safe manner. The provider had systems in place to record accidents, incidents and safeguarding concerns. Infection control procedures were followed. Staff had access to personal protective equipment. Contact numbers were available for staff in case of an emergency.

Staff were trained in a range of subjects to meet the needs of the service. Staff felt supported and received regular supervision. People were supported to access health care professionals where necessary.

Staff provided support and guidance with nutritional needs where necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained consent before any intervention with the person.

People and relatives felt staff were caring. Staffing rotas were developed to ensure staff had time to meet the needs of people using the service.

Staff respected people's privacy and dignity ensuring their independence was promoted.

Care plans were individualised and contained information on how to support the person in a person centred way. The provider used a variety of methods to gain information when developing support plans. For

example, information from family members and health and social care professionals. People were involved in how they preferred their support to be delivered.

The provider had a system and process in place to manage complaints. The service was implementing training for staff on end of life care.

The provider had a quality assurance process in place to ensure the quality of the care provided was monitored. People and relatives' views and opinions were sought and used in the monitoring of the service.

Staff felt the registered manager was open, approachable and supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Firstpoint Homecare Darlington

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 17 July 2018. We gave the provider 48 hours' notice of our visit to ensure people's permission had been sought to speak with them.

We visited the office location on 17 July 2018 to see the provider and to review care records and policies and procedures. We and spoke with people using the service, relatives and staff members the same day via telephone interviews.

The inspection was carried out by one adult social care inspector and an assistant inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales.

We also contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG).

At the time of our inspection visit there were 56 people who used the service. We also spoke with five people who used the service and three relatives. We spoke with the registered manager, co-ordinator, in-house trainer and field supervisor.

At the location's office we viewed a range of records and how the service was managed. These included the care records of five people supported by the service, the recruitment records of five staff members, training records, and records in relation to the management of the service including a range of policies and procedures.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People and relatives told us they felt the service was safe. Comments included, "I do feel very safe", and, "I feel pleased with them and safe with them and my properties safe with them."

Risk assessments were in place to ensure people were supported in a safe manner. We saw risk assessments were in place to cover environmental factors such as people's home environment.

The provider had systems and processes in place such as safeguarding and whistleblowing policies for staff guidance. Staff received training in safeguarding and had a clear understanding of what constituted abuse and how to report it. One staff member told us, "If we were to suspect something, we would report straight to the office to log it, we always speak to the office."

The provider had a system in place for managing accidents, incidents and safeguarding and whistleblowing concerns. We saw the registered manager shared learning from incidents and quality checks. For example, a medicines incident occurred following someone coming out from hospital on a Friday afternoon. The registered manager told us the discharge was rushed and the service had not felt supported so they decided not to accept people leaving hospital on Friday afternoons.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Staff we spoke with did not raise any concerns about staffing levels and timings of calls. People we spoke with said, "Nobody has never not shown up, sometimes they may be a little bit late but that's only because they've had a crisis at a previous call, like once they had to call an ambulance. There's always some really good reason for it."

Where staff supported people with their medicines this was managed safely. Staff had received training in the safe administration of medicines. The management team observed staff on a regular basis to ensure their competency in supporting people with their medicines.

Infection control procedures were in place and staff had access to personal protective equipment to reduce risk of cross contamination.

Health and safety checks were in place regarding the office location for fire and electrical equipment.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People and relatives told us they were happy with the service. Comments included, "We are satisfied with the service they provide and the girls that come out" and "I've been very pleased with them, the girls are all very pleasant".

People's needs were assessed and care was planned using legislation and best practice. For example, moving and handling guidelines and health and safety requirements. One person told us, "I had an assessment initially, they [management] asked what I would need and required, and we discussed it together. They have been out to review once and then they frequently phone and see if there is any issues or problems, very good at communication, and if I have to change anything like a hospital appointment they are very accommodating."

We reviewed the training arrangements for the service and found staff completed regular training and refresher courses. The service was also sending its in-house trainer on courses to be able to deliver training in end of life care and dementia to the staff team and wider community.

We asked people and their relatives if they felt the staff were appropriately trained. Comments were positive and included, "They'll come back if equipment needs changing and stay a bit longer and help with that, they are very thorough."

Staff felt supported and told us they received regular supervisions. The registered manager kept a record of supervisions and had a planner in place. One staff member said, "We have supervisions every six weeks, first of all it was a bit daunting someone watching you but they just point you in the right direction really."

The staff were aware of the MCA and understood the principles of the Act. Staff we spoke with talked about ensuring people's consent was sought each time they provided them with personal care. The registered manager told us they had completed assessments ensuring evidence was seen of Lasting Power of Attorney appointees if this was in place for people.

Staff provided support with meal preparation and offered encouragement with eating and drinking. The service was not responsible for monitoring intake or people's weight. Any concerns regarding weight loss or lack of intake would be reported to the district nurse or the GP.

We saw that staff liaised with health and social care professionals such as social workers, GPs and district nurses.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. People told us, "I enjoy all the carers. They can't do enough for us. They are a brilliant lot every one of them. I really mean this."

Relatives confirmed the comments which we received from people about the quality of care and the support their loved ones received from staff. One relative told us, "We feel they're a really good team, it's so nice you know everything's going to be alright. You can rely on them." We also saw lots of written compliments that echoed the sentiments of good quality care being delivered.

People told us that staff didn't rush their calls and carried out the duties they needed them to. They said staff had time to spend with them and to talk about different things. People told us this was important to them and made them feel valued.

People told us their dignity and privacy was well respected. People said, "They are always kind and gentle and you don't feel embarrassed when you're naked in front of them" and "They are very nice to you, treat you with dignity, ask how you are doing, they do have a conversation with you".

People were supported to be as independent as possible, such as with personal care needs, mobility, and eating and drinking. Care records described what people could do for themselves and what they required support with. For example, "I like to look my best each day and have my hair done and some make-up applied by the carer."

People's preferences and choices were clearly documented in their care records. For example, their preferred name, whether they preferred male or female staff to carry out their personal care, and how they liked routines to be carried out by staff.

We looked to see how people were involved in their care and decisions on how support was delivered. People received an assessment prior to the support being planned, we saw that people and their family members, where appropriate, were involved.

Where people required aids to support with communication this was incorporated in to care plans, such as the need for spectacles and hearing aids.

We saw that records were kept securely when not in use. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records. The registered manager told us the provider was moving to an electronic recording system which meant that care records would be held on secure tablet phones enabling quicker inputting and updating by all staff members.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Each person's care record included important information about the person, such as family history, things they enjoyed doing and their personal care needs. We saw these had been written in consultation with the person who used the service. Every person who used the service we spoke with felt their needs were well met and that their preferences were acted upon.

Care plans were in place and described each person's individual needs and what actions were required from staff. Records described in detail what was required from staff at each visit and specific requirements with regard to mobility, personal care, medication, meal provision, domestic tasks, shopping and any other additional information.

The management team were responsible for reviewing and updating care plans and assessments, and there was evidence that people and external professionals all had input into this. One relative we spoke with said, "They always give us a copy of the care plan to read through and see if there's anything to change."

Relatives gave positive comments about the responsiveness of the service. Comments included, "I'm finding it very hard, I've not been too good myself and they've been brilliant" and "They are very amenable, you ring them up they know who you're talking about. It all works very well for her now".

The provider had a complaints policy which was shared with people as part of their information pack.

People and relatives we spoke to said they knew how to make a complaint and felt the registered manager would respond. One person told us, "No complaints at all, the office staff email me on a Friday afternoon for the next week and if there is any changes they ring me up the night before and they tell you who they are going to send."

No one using the service was in receipt of end of life care. However, the registered manager advised support would be provided when necessary and that staff would work closely with health care professionals. The service was also seeking additional training in this area to be rolled out to all staff.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since August 2016. We found the management team to have a strong understanding of the policies and procedures of the service, as well as the ethos, as set out in the statement of purpose.

People who used the service and family members provided positive feedback about the registered manager, and how the service was run generally. Staff were also positive. One staff member told us, "I have thoroughly enjoyed it. I've worked in care before, this seems to be a company that's actually got its act together."

The service had good links with the local community, including using local facilities such as village halls to facilitate staff meetings.

We looked at the arrangements in place for quality assurance and governance. The provider had a structured approach to governance and quality assurance. A regular programme of audits was carried out on care records and immediate feedback given to the staff team on any issues raised by the checks. Any areas for improvement were recorded in an action plan that was maintained by the registered manager.

Surveys were provided about the quality of life people experienced using the service and regular spot checks took place on the quality and performance of the staff team working in people's homes. People and relatives told us about regular meetings and discussions with the service's management team. A family member told us, "We got a survey, with the rota weekly through the post, we get little bits of information through, like the Tour de Yorkshire so we know if there will be any delays."

Staff members we spoke with said they were kept informed about matters that affected the service by the management team. They told us regular staff meetings took place and that they were encouraged to share their views. We saw records that confirmed this. Staff we spoke with told us the management team were approachable and they felt supported in their roles. One staff member said, "Couldn't fault them [management] if I have had to have time off for appointments or things like that."

The provider was meeting the conditions of its registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.