

Firstpoint Homecare Limited

Firstpoint Homecare - Harpenden

Inspection report

Unit 29-30 Thrales End Farm
Thrales End Lane
Harpenden
Hertfordshire
AL5 3NS

Tel: 01582482405

Date of inspection visit:
27 April 2021
04 May 2021

Date of publication:
24 May 2021

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

About the service

Firstpoint Homecare – Harpenden is a domiciliary care service providing personal care to older people and younger adults who may live with dementia, sensory impairments or physical impairments. At the time of the inspection 38 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe with the care they received, and staff were knowledgeable about when to report concerns to safeguard people. Risk assessments highlighted people's individual needs, and professionals were referred to when staff needed input for people. Where things went wrong, this was shared with staff and lessons were learnt and changes implemented.

Medicines were given to people when they needed them, where discrepancies were identified these were actioned appropriately. Infection prevention control measures were in place and staff were wearing appropriate personal protective equipment (PPE).

People felt they were able to express how they wanted to be supported and staff were skilled and knowledgeable about their role. The provider ensured that staff went through a recruitment process and all relevant employment checks were completed.

People and relatives felt staff were kind and people were happy with the support they received. One relative said, "They are good, gentle and kind. They maintain her dignity at all times. The carers have been her family." People had the opportunity to shape the support they received through giving feedback. People were supported to talk about decisions about their preference for their support, in addition if they wanted to speak about end of life care.

There were enough staff to support people at the time of the inspection. The service had a change in management since the last inspection, the overall feedback was positive. The registered manager had systems in place to manage complaints. Overall, people and relatives said they felt listened to when they raise any concerns.

People gave mixed views about the communication between them and the management team. The management team acknowledged this and were putting additional communications in place such as a newsletter for people.

The registered manager had implemented a lot of changes since the last inspection which had been

acknowledged by the staff team. Systems had started to be used in a robust way and there were clear outcomes from the quality assurance systems in place. However, at the time of the inspection these changes had only recently been implemented. The registered manager understood the need to ensure the quality of care continued, and to ensure the systems and culture of the service is sustained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 March 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Firstpoint Homecare - Harpenden

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who had regular contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives spoke about how they felt safe whilst being supported by staff. One relative said, "[Person] absolutely feels safe with them [staff]."
- Staff knew how to identify, and report concerns to management relating to abuse. They said they felt comfortable raising concerns and received support to do this. One staff member said, "If I raised something its always actioned."
- Where safeguarding concerns had been raised the registered manager had systems in place to ensure these were investigated and dealt with in an open and transparent way. Safeguarding concerns were shared with the relevant professionals including CQC and the local authority.
- Incidents and accidents were reported and investigated. This information was collected, and actions identified to share the learning from this.

Assessing risk, safety monitoring and management

- Peoples risk assessments detailed their key support needs such as choking risks and personal care. Where risks were identified these records detailed how staff should support the person safely.
- Staff were able to talk about people's support needs and identify where someone may be at risk of falls or needed additional support in specific areas.
- When people put themselves at risk of harm, staff implemented changes to the person's care to make them feel safe. For example, one person was not able to get out of bed due to being unsafe moving around their home. Occupational health and staff supported the person to declutter which meant they were able to move around their home in their wheelchair and go outside if they wished.

Staffing and recruitment

- The registered manager said they tried to ensure people had the same care workers to offer consistency, to do this they needed to continue to recruit new staff. The provider had implemented a recruitment team to ensure there was dedicated people to source staff who met the values they wanted.
- The service had a change in management since the last inspection. The overall feedback from people and relatives was good. Staff felt there had been improvements in the morale of the team. A staff member said, "When I work with people, they are good, and we get on well with each other. The morale is really good. We know each other well and always have positive things to say and do not feel lonely."
- People said overall staff were on time, where staff were running late the office would contact the person. One relative said, "The carers record electronically when they arrive and when they leave. I have the facility (on an app) to and go online and check the times etc. and the names of the carers." One person said, "Normally they are on time. If they are late the office will ring me."

- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Using medicines safely

- People received their medicines when they needed them. One relative said, "[Person] is given two types. They give [Person] it and then they record it in the electronic system."
- Staff had been training to administer medicines and records supported this.

Preventing and controlling infection

- Staff said they had enough personal protective equipment (PPE) when supporting people. People confirmed staff wore the correct PPE when they were being supported. One person said, "They wear masks, shields, gloves and aprons. They always sanitise their hands too before and after."
- Staff had access to regular testing, where people wanted staff to test before they entered their home the provider offered the rapid tests to offer assurance to people.
- Staff were cohorted together to minimise working with a number of different people.
- The management team completed spot checks where they checked on staff's infection prevention controls.

Learning lessons when things go wrong

- A number of examples were given where the staff were open about mistakes, concerns and accidents. They told us how they would learn from these and how these were shared this with the staff team.
- Staff said they felt comfortable in speaking up when things may have gone wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives felt they had choice and control of their, and their family members support. One relative said, "[Person] has made great progress since having the care. [Person] demeanour has improved. The difference between when they came out of hospital and now is amazing."
- Staff gave examples of how they had supported people who had a change in their support need. An example of this was where one person felt scared at night living in their own home, however, was very keen to stay there. The staff member raised this, and they worked closely with the social worker and night support was offered. This meant the person felt safe and was able to stay in their own home.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to up to date information on the day to day support for people.

Staff support: induction, training, skills and experience

- People and relatives felt the regular staff had the right mix of skills to support people. One person said, "They are trained for what they need to do."
- Staff said they felt they had the skills and knowledge to support people. Staff had training that was personalised to people's support needs. For example, dementia course, behaviours that may challenge and substance misuse.
- Staff said the provider was open to offer several different training courses to enhance their knowledge. One staff member said, "I am doing the 9-week dementia course and they will sign me up to the NVQ 3 and there is plenty of opportunity in addition to mandatory training."
- Staff had competency assessments for areas such as, medicines and manual handling.

Supporting people to eat and drink enough to maintain a balanced diet

- Where staff supported people to prepare meals their dietary needs were highlighted in their care plans. One relative said, "We provide the food and the carer prepares it. It is done well – [person] has dementia and can't now eat solid food so it all has to be mashed. [Person] has put on weight."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services and the registered manager gave an example of this. One person struggled to swallow their medicines and was chewing the tablets where this was not appropriate for the medicine. The staff contacted the GP who prescribed liquid medicine. The person had said their mood had dramatically improved since the changeover.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were given choice and control over their lives and staff made all attempts to support people in the least restrictive way. One relative said, "There is a stringent plan and it is written down. They would give [Person] the opportunity to ask for something and they would do it. [Person] is in the front of their minds."
- People said although they did not mind, they felt where they had specified gender preference when being supported by staff and this was not always listened to. The registered manager said they would make it a priority to check with people to understand their preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;
Respecting and promoting people's privacy, dignity and independence

- Most people felt staff were kind and they were happy with the support they received from the service. One person said, "They have a laugh with [Person]. They do as much as they can." A relative said, "They are respectful, and they engage with [Person] very well." However, one person said, "Some of them are not caring." We looked at the management's input and reviewed the complaints action plans and found the management team were consulting with the person and social services to resolve this and get a good outcome for them.
- Staff showed commitment when speaking about the people they supported. There were examples where staff had a great understanding of people's support needs, likes and dislikes and promoted independence. A relative said, "When [Person] first got care she was confined to the bedroom. [Person] was getting depressed. We asked to be taken downstairs. They did everything for us – sorted out the equipment etc. and after that [Person] life was greatly improved."
- People said they were treated with dignity and respect. One relative said, "They are good, gentle and kind. They maintain her dignity at all times. The carers have been [Person] family."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in developing their care plans and making decisions about their care. Where people could not make decisions about their care, family members were involved. One relative said, "The care plan is not in the book anymore – it is in Openpass (the electronic system). I can look at it on the internet and the family can access it. [Manager] is good. I can ring [manager] if anything changes."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff. People's care plans and records used respectful language.
- Where possible staff tried to talk about people's hobbies and interests. For example, one person enjoyed how staff sat with them and went through old photos and talked about music they enjoyed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people needed to have additional resources to help them understand and communicate their wishes the staff ensured this was in place. For example, the staff have implemented picture cards to help with communication. Although, care plans had not been developed in an accessible format for people as this was through an electronic system.
- The provider had an accessible information standard policy which detailed possible solutions to consider when trying to communicate with people.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place which was shared with people. The registered manager reviewed all complaints to spot ongoing concerns and put actions in place to resolve these.
- The complaints record showed any concerns that had been raised had been responded to appropriately detailing actions and outcomes. However, we spoke with one person who was not satisfied with the outcome of the complaints process.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. This was discussed as part of the care plan reviews and people were given the option to talk about this if they wish.
- The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as required improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider failed to implement quality assurance processes that identified where improvements were needed to ensure people received safe care and support and did not monitor the effectiveness of changes implemented as a result of feedback received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager were continuing to drive improvements in the service and were aware they were still in the initial stages of their action plan. It was acknowledged that the registered manager needed to ensure the quality of care given continued as they started to embed new changes.
- The provider and registered manager had leader meetings which discussed the service at a strategic level which spoke about systems to be implemented to improve the care. This was then filtered down to the local team meetings.
- From the last inspection there had been a change in management. Staff confirmed they were now confident in the improvements that had been made since then. One staff member said, "There has definitely been a big change in management and communication, and we feel more informed. Overall, everything feels more uplifted and that much happier."
- The registered manager could show they had oversight of the service. This was through audits, spot checks and regular communication with the staff team.
- The registered manager gathered information from care plans, recordings and feedback from staff to inform their quality assurance. This fed into overall analysis and lessons learnt. Looking at the support call times and the duration. The manager had improved ways in which they used the current systems to ensure staff had to check in and out of care calls, in addition people and relatives had access to this information to offer openness.
- Staff told us, the management team were visible and were available if anyone needed to speak with them. Staff spoke about the out of hours service being available if they needed support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- People and relatives had mixed views about the communication they received from the management. Some people felt there was regular communication, whereas others said they had limited contact with the management team and felt they initiated the contact if they needed something. The management team acknowledged this and were putting additional communications in place such as a newsletter for people.
- People and relatives spoke positively about the registered manager. One relative said, "The new manager is very good. We raised an issue about the care plan and got an instant response."
- The registered manager showed examples of where they had identified concerns they felt needed to be addressed and shared the lessons learnt. One example being where people and staff completed a survey about the provider, all feedback was collated and shared with what actions they were to take to improve the care.
- The provider had funded an independent "mock inspection" for the service. Both the registered manager and provider had an open and honest relationship, which meant that the service received the dedication from all involved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager recognised there had been a number of changes within the service and there was a way to go to further develop the culture of the service. Although they had made positive steps with the improvements there was still a need to embed these changes and new culture, so it became a consistent and sustained way of working.
- People were able to share their views and thoughts to improve the service by surveys. The registered manager had shown that they listened to these suggestions and the suggestions were implemented where possible.

Working in partnership with others

- The registered manager told us they had regular communication with health professionals and social care professionals. The registered manager gave an example where they had been involved with an independent support service which helped them develop their values and actions needed to improve their service.