Carepoint Services Limited

Carepoint Services

Inspection report

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Date of inspection visit:
19 July 2017

Date of publication:
03 October 2017

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

This inspection took place on 19 July 2017 and was announced. Carepoint Services is registered to provide personal care and support to people living in their own homes. At the time of the inspection there were 136 people using the service.

The service has 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.

The last time we inspected this service in April 2016, we found a continued breach in relation to safe care and treatment. We had found that there were unexplained gaps in people's medicine administration records (MARs), therefore people were at risk of not receiving their medicines as prescribed. We also had found staff did not take prompt actions when concerns about people's ability to manage their medicines were identified. We had found that the registered provider did not have robust recruitment systems in place. We made a recommendation that the registered provider use a reputable source or system to monitor and check that staff had the right to work in the United Kingdom.

At this inspection, we followed up on the breaches of regulations to see if the registered provider had made improvements to the service. The registered provider had taken action to meet the regulations we inspected.

Staff managed people's medicines safely. People's medicine administration records (MARs) were accurate and updated by staff once people had their prescribed medicines. The registered manager completed audits of medicines management to help them identify and address any errors.

Staff were supported with appropriate training, induction, appraisal and supervision. This allowed staff to obtain skills and knowledge and share their personal and professional needs with their line manager.

People had sufficient numbers of staff to provide care and support to them. Safe recruitment processes were followed to ensure the safety of people by employing suitable staff. The registered manager had systems in place to ensure that checks on staff entitlement to work in the UK were carried out promptly and as required.

Staff understood how to protect people from risks associated with harm and abuse. Staff had guidance from safeguarding procedures and policies to identify and report any allegations of abuse to the local authority.

Risks to people's health and well-being were identified. Staff had access to risk assessment outcomes and guidance to support them to reduce risks and keep people safe.

People were supported to have maximum choice and control of their lives and the policies and systems in the service supported this practice. People were cared for within the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) principles. People were provided with enough information to allow them to consent to care and support.

People said staff knew them well and treated them with kindness and compassion. People told us that staff respected them and protected their dignity and privacy. People had access to health care services when their health needs deteriorated. Staff provided people with meals that met their preferences and nutritional needs. Staff followed health professionals' guidance regarding people's specific needs.

Care assessments identified people's needs. Care plans detailed how the service arranged care so people's needs were met. This enabled people to maintain their health and well-being.

The registered manager sought people's views on the service, including the quality of care provided. Staff and the registered manager monitored and reviewed the quality of care through audits, spot check visits, and reviews of the service. The Care Quality Commission was kept informed of incidents that occurred at the service.

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's medicines were safely managed. People had enough safely recruited staff providing care and support for them. Risks to people were identified and managed by staff. Staff understood how to protect people from the risk of harm and abuse.

Is the service effective?

Good

The service was effective. Staff were supported with an induction, training, appraisal and regular supervision. Healthcare services were available to people when their care needs changed. Meals were prepared for people that met their preferences and needs. People made care decisions and provided consent to care. Staff had an awareness of the principles of the Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. Staff were caring, compassionate and kind. Staff respected people's dignity and privacy. Independence was promoted so people were able to manage their care and support needs in line with their own wishes.

Is the service responsive?

Good

The service was responsive. Care assessments were completed with people that identified their needs. People had care delivered that met their needs. There was a complaints process at the service which people were familiar with.

Is the service well-led?

Good

The service was well-led. The registered manager and staff reviewed and monitored the service. Staff understood their role and responsibilities and felt supported by the registered manager. People were able to provide their opinions on the quality of care. The registered manager understood their responsibilities in line with their registration with the Care Quality Commission.

Carepoint Services

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 provider was given 48 hours' notice before the inspection to ensure the registered manager would be available to take part in the inspection.

This inspection took place on 19 July 2017 and was announced. One inspector carried out the inspection. Before the inspection, we looked at information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

During the inspection, we spoke with the registered manager and office based staff. We reviewed 20 care records and 10 staff records. We also looked at other records relating to the management, leadership, and review of the service. After the inspection, we spoke with seven people using the service, four care staff and three representatives from the local health and social care services.

Good

Is the service safe?

Our findings

At our previous inspection in April 2016, the management of people's medicines was not safe. We had found people did not receive their medicines safely in line with good practice. People's care records did not always state when a relative was managing a person's medicines. Staff did not always correctly complete medicine administration records [MARs].This meant people were placed at risk of receiving inappropriate treatment because the MARs were not accurate, increasing the risk of medicine administration errors. These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had made improvements to the management of medicines. We found that the registered manager had taken action to meet the regulation.

People had their medicines as prescribed. Staff supported people who needed support with taking their medicines. The registered manager described the support people needed, this included reminding them to take their medicines, while others were assessed as requiring direct administration of their medicines. People we spoke with told us that staff supported them appropriately when needed. One person said, "The care worker gives me my medication when I need it in the morning." Another person said, "Staff just remind me, I can do this myself."

People we spoke with shared positive comments about the service. One person said "Oh yes I am very safe with the care workers", and another person told us "I trust my regular carer and I feel safe with them."

People received care and support from staff who understood how to keep them safe from harm. The registered provider had a safeguarding policy and processes in place. This provided staff with guidance on how to recognise signs of abuse and how to take appropriate action to disclose an allegation of abuse. Staff understood how to use the registered provider's whistle-blowing policy to raise concerns about the quality of care provided at the service if their concerns were not addressed by the provider.

Staff identified risks associated with people's health and well-being. Identified risks were recorded and a risk management plan was developed for people. Staff used the guidance in the risk management plan to manage risks safely for people. For example, a risk assessment identified a person was at an increased risk from complications from their medical condition. We saw the risk assessment detailed the condition the person had and the action staff should take to manage the risks to the person's safety.

Staff used the risk management plan to identify risks and to help people to be safe. A staff member told us, "I always make sure I am familiar with the risk assessment to make sure I care for people in a safe way."

The registered manager had deployed sufficient staff to care for people. The staff rota was completed each month and staff had access to their working rota. The rota system allocated people to a regular care worker when possible. People we spoke with said that they had no concerns about the care they received. One person said, "The care worker comes to me every day, she is very good." The registered manager delivered a

service that was sufficiently flexible to meet people's needs. When people wanted to change the time of their care visit this was accommodated at short notice. When people also needed two care workers to provide support to them, this was provided for them.

The registered manager employed suitable staff to work with people. There was a robust recruitment process in place for new members of staff. Staff had employment checks carried out before they worked with people. Staff records held copies of a criminal record check carried out by the Disclosure and Barring Team. This information enabled the provider to make safer recruitment decisions. We also saw copies of previous employer's references and details of their eligibility to work in the UK. The provider has also explored gaps in staff member's employment history. Office based staff used a new system to follow up staff work visa requirements when required.

Good

Is the service effective?

Our findings

At the last inspection in April 2016, staff training records showed that care workers did not have current training in the safe management of medicines. This meant that people were exposed to harm because staff were not trained in the safe administration of their medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the registered manager had taken action to make improvements to the service. We found that they now met the regulation we inspected.

Staff were supported by their line manager with training, induction, supervision and an appraisal. We looked at the staff training matrix. This detailed the training staff had undertaken in the last year. We saw that staff had completed mandatory training. This included safeguarding adults, moving and handling and medicines management. Other training was available to staff, including training on the Mental Capacity Act (MCA) and DoLS. The training provided staff with the knowledge to develop their skills to care for people safely.

An induction programme was in place for new members of staff. The induction provided staff with the opportunity to understand how to deliver care to people. Staff also understood the processes and policies of the service. Staff were supported by experienced senior staff. This enabled new members of staff to gain confidence in their new role. One staff member told us "The induction was very helpful, I am glad that I had done it. I understand the company better."

Staff had regular supervision to support them. Staff discussed their day to day caring role. Supervision meetings were used to share important information relating to the service. Staff shared any concerns they had with particular people they provided care to. Their line manager offered guidance to resolve any concerns and these were recorded on the supervision records. Appraisal meetings were completed each year. Staff discussed their professional and personal long term goals. For example, discussions were held in the appraisal on whether a member of staff wanted to complete the Care Certificate training. This was recorded and a plan of action recorded so staff could achieve their professional goals. The Care Certificate is a nationally recognised training for newly employed care workers.

People consented to their care and support. People or their relatives signed their care records. They consented to the care arrangements made for them following the assessment of their care needs. People also gave their consent to staff before they received care. People told us that staff asked them how they wanted their care delivered before carrying this out. One person told us, "The staff ask me what I want doing before they do it. They are good they always ask me first before doing anything."

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People were cared for under the principles of the MCA. The registered manager understood that if someone did not have the mental capacity to make decisions themselves an application must be made to the Court of Protection. The registered manager and staff understood how to care for people lawfully and in a way that protected people's rights.

People were provided with food and drink which met their needs. Staff provided support to people who required support with meal preparation. Staff completed shopping tasks for people and supported them to make a meal of their choice. Care records detailed the meals provided to people. One person said, "I like my porridge in the morning and the care worker does this for me and she knows how I like my breakfast, I have no complaints about my meals. I get what I have asked for."

Health care support was available to people when required. We found staff had developed working relationships with health care professionals. We saw records where staff had acted promptly to seek advice for people. For example, we saw where a person's ability to manage their medicines had changed. The care worker had discussed the person's changing care needs with office based staff. A referral was made to the local health service for medicines support. This showed that staff recognised when people's needs changed and took action to resolve and manage those concerns. This meant that staff took prompt actions to address people's changing needs by seeking appropriate support from relevant healthcare practitioners and specialists.

Good

Is the service caring?

Our findings

People commented they received a service from staff who were caring. One person told us, "My care worker is very kind and very caring." Another person said, "I don't know what I would do without my care worker, they are so helpful to me."

Staff understood people's needs and provided care and support to meet them. Care assessments were completed so staff could understand people's needs. People and their relatives were involved in assessments and care plans. This allowed people to tell staff what their care needs were. This allowed staff to develop care records that were person centred and meaningful to people.

People told us that they had copies of their care plans. One person said, "Yes, someone came from the office to talk with me the other week. I got a copy of the plan so I know what is going to happen." Staff followed guidance in the care plans to ensure people received appropriate care to meet their needs.

People were supported to be as independent as able. People made choices and decisions about how they received care and support, this included the time of the care visit. One person said, "I like my carer to come later in the morning, because this allows me to sleep in later in the morning." However, one person said, "The carer is often late but they call me to tell me that they are running late."

Staff supported people to access their local community. People told us that care workers were flexible and would arrive earlier than their allocated time to support them to attend the daycentre or to get ready to go out for lunch with a friend. The flexibility of staff allowed people to continue to maintain relationships that mattered to them and helped people to enjoy social activities in their local community, reducing the risk from social isolation.

Care and support was provided to people that was adapted to meet their individual needs. Staff asked people on each visit how they wanted their care provided. For example, people were provided with choices in the clothes they chose to wear and what they wanted to eat for their meal. People told us that they wanted staff to provide them with options for them during each visit. This allowed people to make decisions on their care. People told us that staff showed them respect when they were in their home. One person said, "Carers respect me and respect my home that makes me feel good. Respect is very good."

People were showed kindness and compassion by staff. A person told us, "Staff are very caring." Another person said, "You need to be caring to do this job and the care workers are very caring." We did not visit people in their own homes as part of the inspection. However all the people we spoke with said they found staff were very caring and showed them compassion while providing care and support.

Staff protected people's dignity and privacy. People told us that staff understood how to provide personal care to them while keeping them protected and maintaining their dignity. One person told us, "The staff are very good, they keep my care private and always keep the door closed, whether I am in the bathroom or bedroom. This protects me and my family from any awkwardness." Another person said "The staff always

give me my wash in private, I am very happy about that. It's important to me." Staff we spoke with understood how to protect people and ensure they are cared for in a dignified manner. One member of staff said, "I know how it feels to need care so I make sure people have their care in a safe and private way. It makes them feel better too."

Good

Is the service responsive?

Our findings

People received responsive care because they had an assessment of their care needs and appropriate care put in place for them. Assessments were completed before people received care and support. The assessments we looked at identified people's care and support needs. For example, if people required support to maintain their health or required specialised equipment this was captured in the care assessment. People's care records showed relatives were involved in their assessment and provided staff information to assist in completing their family member's assessment. An assessment outcome provided staff with enough information about people to help them develop a plan of care. This ensured people's care and support met their needs because the assessments were person centred and focussed on people's needs.

People and their relatives signed care records following an assessment. People signed their assessments to demonstrate they agreed with the assessment outcome and their care plan. People's care plans described the person's required individual support and care needs. Staff commented that people's care plans had sufficient information to enable them to deliver safe and effective care. Staff also said when people's needs had changed, the changes were communicated to them, to ensure they had accurate information about people.

The care plans we reviewed detailed the support people required to maintain their health and well-being. Care plans gave staff guidance on how to work with people safely. For example, we saw a care record that detailed the support a person required while providing personal care to them. Staff had to ensure two care workers were supporting the person using the service. The risks associated with not supporting the person were recorded so staff were aware and knew how to protect people from inappropriate care. One care worker told us "Without an assessment or care plan carers wouldn't know what their needs are. A care plan is essential to help us to provide good care."

Staff and people using the service reviewed care plans in a collaborative way. This ensured that the service had accurate information about people. This allowed staff opportunities to update people's care records to reflect any changing care and support needs. Staff reviewed people's care records every six months or when a person's needs changed. This reduced the risk of people receiving inappropriate care. People and their relatives we spoke with told us they were involved in an assessment and a review of their care. This meant that people were involved in making decisions about how they wanted their care achieved so that the care delivered was in line with their choices.

There was a system in place to make and manage complaints. People had a complaint process available to them. People received a service agreement and handbook. These records contained details of how to make a complaint about the quality of care they received. The registered provider had a complaints policy. This allowed people to discuss concerns they had about the quality of care they received. People could make an informal or formal complaint to the registered provider or the registered manager of the service. The registered manager or a senior member of staff managed complaints appropriately. We saw records that showed which member of staff managed a complaint. The complaint was investigated and a response sent

to the complainant. People we spoke with told us that they did not have a reason to make a complaint about the service. One person said, "I have no complaints. I would tell the care workers or the office if I had a problem."

Good

Is the service well-led?

Our findings

At the last inspection in April 2016, we had found the registered manager did not have an effective medicines audit in place because it did not identify gaps in the medicines administration records we found. Staff had no clear process in place for following up those concerns to ensure they were resolved. This had meant that people were at risk from unsafe medicines management. These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the registered manager had taken action to resolve the concerns we had. The registered provider now met the regulation we inspected.

People received a service that was well led. Staff and people said that the registered manager was approachable and helpful to them. One person told us, "When I contact the office, the manager speaks to me if I need to talk to them." Another person said, "The office staff are good, they listen to me." One member of staff said, "The manager is good, she has time for me." Another said, "I can pop into the office and speak with the staff or manager and I am made to feel very welcome."

There were quality assurance systems in place at the service. Staff completed regular medicine audits on the administration of people's medicines. We requested and received a copy of the medicine audit. We saw where people were supported with having their medicines this was recorded. Senior staff recorded and shared information with care workers when they had taken action following the medicine audits, for example making a referral to the local pharmacy team. The registered manager told us they shared with staff any changes or concerns found following the audit so they were aware of them.

The registered manager and staff regularly reviewed other areas of the service. Staff carried out spot checks. This involved senior members of staff visiting people's homes unannounced when a care worker was present. The visit included an assessment of the care worker's skills and their ability to provide appropriate care to people. This allowed the senior member of staff to assess whether care workers were providing good quality care. The spot check assessments were recorded on people's care records. Where concerns were raised from the spot checks these were followed up with the care staff involved. For example, one record showed a staff member had not removed their gloves whilst serving a meal to a person using the service. The senior member of staff observing the care worker was able to address this practice immediately. It was also recorded the care worker was reminded that gloves should be removed while serving meals to people.

The registered provider sought people's feedback about the quality of care. The registered provider had an annual survey that people completed. People were asked for their feedback about the quality of care. We saw responses that people had made about the service. People shared positive responses and were happy with the level of care and support they received from the service.

The registered manager communicated with staff effectively. There were regular staff meetings arranged for them. Staff told us they were able to discuss issues that concerned them in their roles. They were also provided with the opportunity to share good practice or give advice to colleagues. One member of staff said,

"The team meetings are good, sometimes we hear things about the service we never knew, it makes me feel more a part of the company which is a good thing for me."

The registered manager ensured that the Care Quality Commission were aware of incidents, which occurred at the service. We saw that appropriate notifications relating to a safeguarding incident were sent to the Care Quality Commission (CQC), as required by legislation. This allowed us to take action promptly if required.

Partnership working took place with the service and local health and social care services. Staff had developed working relationships with local teams. The partnership working system improved the communication between services. This improved the referral process and the responses from the local health and social care teams. We saw people had benefitted from this communication, because their care was coordinated in a way that supported their health and well-being.