Carepoint Services Limited

Carepoint Services

Inspection report

35 Engleheart Road
Catford
London
SE6 2HN

Tel: 02086983661

Date of inspection visit:
22 April 2016

Date of publication:
07 June 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
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 22 April 2016 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 September 2014, we found a breach in relation to the management of people's medicines. We found that people did not have a medicine risk assessment in place when required. People did not receive their medicines as prescribed. There was no medicine audit in place to identify and manage medicine errors promptly. We issued a Warning Notice for these breaches of the regulations. We asked the registered provider to send us a plan for improvements to meet the regulations. However, we did not receive the action plan requested.

At this inspection, we followed up on the outstanding breaches. We found evidence of improvements in some areas. There was a medicine audit tool in place and there were medicine risk assessments in place for people. However, we found there were continued breaches in relation to the management of medicines.

The management of people's medicines were not safe. We 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. People who required support with their medicine management were not included on the medicine audit. People did not receive their medicines safely because staff did not follow up concerns about people's ability to manage their medicines promptly.

People and their relatives did not have a formal way of giving feedback to the registered manager. This meant that people could not give their views on the service. The registered manager sent out annual feedback forms to people or their relatives after the inspection.

Staff protected people from harm and abuse. The registered provider had safeguarding processes in place for staff to follow to raise an allegation of abuse. Staff identified monitored and managed risks to people's health and well-being.

There were sufficient numbers of staff to provide care and support to people. The registered provider's recruitment processes were robust and identified only suitable and skilled staff to be employed. However, we found there were no processes in place to request renewed work permits to ensure staff maintained the right to work in the UK. We have made a recommendation in the report.

The registered provider had a training programme in place that allowed staff to obtain skills and knowledge. However these records showed that staff did not have access to regular training. The registered manager explained the suspension of staff training was because the service focussed on other areas of the service and therefore training for staff did not happen. Staff had an induction, supervision and appraisals that provided them with the opportunity to explore their professional practice.

Staff cared and supported people within the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) principles. The MCA supports people who lack the ability to make specific decisions for themselves. Staff were aware of how to care and support people that protected their rights within the values of MCA. This was because staff had completed MCA training and applied their knowledge to their daily practice. Staff supported people to consent to care by giving them choices to enable them to make decisions about their care.

People's care and support was delivered by staff with kindness and compassion. Staff worked with people in a way that respected their dignity and privacy. Staff managed people's care and support needs, which demonstrated staff, knew people well. Health care services were sought when people's care needs changed. People had access to meals that staff prepared which met their individual preferences and nutritional needs.

People contributed to their assessment of need and were involved in developing a plan of care that met those needs. People were able to make choices about the care they received through the registered provider's assessment process. People were supported to raise concerns and complaints.

The registered manager monitored and reviewed the service to make improvements to the quality of care provided. The registered manager was aware of their responsibilities as registered manager with the Care Quality Commission.

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

The service was not safe. Medicines were not managed for people safely. The registered provider followed safe recruitment practices to ensure suitable staff were employed. However, there were no processes in place to routinely check staff rights to work in the UK. Staff protected people from abuse because they had an awareness of how to identify and report signs of abuse. Staff identified risks to people and had plans in place to manage them. People had access to sufficient numbers of staff to support them and their care needs.

Is the service effective?

Requires Improvement

The service was not always effective. There was a training programme in place, however staff did not have access to regular training. The registered provider had an induction, appraisal and supervision for staff. People had access to healthcare support and service when their care needs changed. Staff prepared meals for people that met their preferences and needs. Staff encouraged people make decisions for themselves regarding their health and care needs. 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

People were cared for by staff that met their needs. Staff showed people kindness and compassion while their dignity and privacy respected. People were supported to be as independent as practicable.

Is the service responsive?

Good

The service was responsive. Assessments were completed with the involvement of people and their relatives. The registered provider had a system in place for people to make a complaint about the service. People were supported to make choices about how their care was delivered.

Is the service well-led?

Requires Improvement

The service was not well-led. The registered manager monitored

the quality of care and made improvements to the service. However we found medicine audits did not identify and manage errors and gaps in MARs. People and their relatives did not have a formal way of giving feedback to the registered manager. After the inspection the registered manager informed us that they had sent out annual feedback forms to people. The registered manager worked in partnership health and social care organisations.

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 because the location provides a domiciliary care service and the registered manager is often out during the day so we needed to be sure that someone would be available.

This inspection took place on 22 April 2016 and was announced. One inspector and an expert by experience carried out the inspection. The expert by experience has knowledge of adult social care services. 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 12 people using the service and the registered manager. We reviewed 20 care records and 20 staff records. We also looked at other records relating to the management, leadership and monitoring of the service. After the inspection, we contacted three care staff and health and social care professionals from the local authority.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in September 2014, we found that the management of people's medicines was not safe. We did not see an assessment completed under the Mental Capacity Act 2005 when people lacked the ability to make a decision for themselves regarding the administration of their medicines. Records for the management of medicines were not always complete. Staff did not identify and manage errors in medicine management because of the lack of medicine audits taken place. We issued a warning notice for this breach. These issues were in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the registered manager for an action plan for improvements for the service. However, we did not receive the plan as requested. At this inspection we followed up these breaches and found the registered provider had not made sufficient improvements to meet the regulations.

At this inspection we found people did not receive their medicines safely in line with good practice. People did not have their medicines administered safely as prescribed. When relatives managed people's medicines, this was not always recorded in their MARs. We checked people's care records and these did not always state that their relative was managing the medicine. A relative told us that their family member's care plan stated they required support with medicines from a staff member. However, they themselves helped the person with this. We found another example where records showed a relative was managing their family member's medicines. However staff identified that the person was not having their medicines as prescribed because a relative was administering medicines for this person on the incorrect days not in following the guidance on the medicine box. This meant that people were receiving their medicines incorrectly which could affect their health. We spoke to the registered manager about this and they told us that they made a referral to the local health authority for medicine support. We asked the registered manager for an update on this referral. At the time of writing this report we did not receive a full update on the information we requested. This meant that people were at risk of not having their medicines as prescribed because MARs and care records did not correctly reflect people's medicine administration needs.

People's medicines were not managed safely. Staff completed medicine administration records [MARs] to ensure medicines were recorded, managed and administered safely. However we found five out of eight medicine administration recording sheets [MARs] were not correctly completed and there were unexplained gaps in them. There were no descriptions or a reason given for the gaps because staff had not used any medicine management codes to explain them. This meant that there was a risk that people did not receive their medicines as prescribed and they were at risk of this impacting on their health. This meant people were placed at risk of receiving inappropriate treatment because the MARs charts were not accurate, increasing the risk of medicine administration errors, affecting their health and well-being. One person told us staff supported them to take their medicine however said, "Yes [I do take medicine] but they don't give it to me. This person was assessed as requiring support from staff to administer their medicines. However they told us that staff did not support them with this in line with their care plan. This meant that people were at risk from deterioration in their health due because they did not receive support from staff with the safe administration of their medicines as prescribed.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

People received a service that kept them safe from harm. The registered provider gave staff guidance to keep people safe from harm and at risk from abuse. The registered provider had a safeguarding policy and processes in place for staff to follow. People we spoke with told us, staff safely delivered care and support to them. One person said, "Yes they [staff] are trustworthy." A relative told us, "Yes [my relative] is quite safe."

People were protected by staff that were knowledgeable in safeguarding procedures. The registered manager arranged safeguarding adults training for staff to help them recognise the signs and different types of abuse. The registered manager was involved with the investigation of safeguarding allegation in co-operation with the local authority safeguarding team. One staff member told us, "I have completed the safeguarding training and know what signs of abuse to look out for." This meant that staff had the skills and experience to protect people from harm and keep them safe from abuse. The registered provider had a whistle-blowing policy. This policy provided guidance to staff on how to raise a concern about care or support at the service. Staff we spoke with knew how to raise a concern promptly using the whistle-blowing process.

People were protected against identified risks. Staff identified risks to people's health and wellbeing. A management plan was put in place to manage and reduce the recurrence of the risks identified. For example, a risk assessment identified a person was at an increased risk of neglect. A staff member told us, "I make sure the person is supported with their care needs on each visit." Staff kept people safe because they followed the guidance in risk management plans to minimise risks. We saw another example of a risk assessment that identified the person was at risk of deterioration in their mental health. The risk assessment identified that the person required reassurance and support to ensure this risk was minimised. This meant that risks associated with people's health and well-being were identified and managed appropriately by staff who followed correct procedures to minimise them.

People were cared for by sufficient numbers of staff to meet their care and support needs. Staff were allocated to care for people on a regular basis. One person told us, "I have same person, so I believe they are safe." Another person told us they had enough staff to meet their needs, they said "There are two main ones [staff] who are excellent". The provider had systems in place to ensure staff availability was current and accurate. This meant that people could be cared for by the appropriate levels of staff to meet their assessed needs. We found when people required one or two staff members to help them with their care needs this was provided. For example, people who required two members of staff to support them with repositioning had the correct number of staff made available to them. The service was flexible to meet people needs. We saw an example where people made requests to change the time of their care visits, staff accommodated this request. This meant that people had consistent care that met their needs.

The provider ensured only suitability skilled and knowledgeable staff worked with people. The registered provider had a safe recruitment process in place. Office based staff carried out pre-employment checks on care staff before receiving confirmation of their employment at the service. Staff had a criminal records check, previous employer's references and confirmation of staff eligibility to work in the UK. Staff records held completed application forms with copies of their personal identification documents and qualifications. We found that when staff work permits expired or were due for renewal the registered provider had no systems in place to monitor this. This meant that the people could not be confident that staff that worked with them were authorised to do so.

We recommend that the registered provider use a reputable source or system to monitor and check staff right to work in the United Kingdom.

Requires Improvement

Is the service effective?

Our findings

People had their medicine managed by staff that were not routinely trained in the management of medicines. Staff training records showed staff did not have current training in the safe management of medicines. Staff we spoke with were aware of how to manage people's medicines to maintain or improve their health. One member of staff told us, "I have had training in medicine management." Another member of staff said, "I have attended the refresher training on medicine." Staff records showed that some staff had not completed annual refresher training in medicine management training. We when discussed this with the registered manager they told us that there was a plan in place to do this training. At the time of writing this report we did not have the dates confirmed for the training to take place. This meant that people were exposed to harm because staff were not trained in the safe administration of their medicines.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had other processes in place to support staff to enable them to carry out their role effectively. One staff member said, "The training has been really useful." However records showed that staff did not have access to regular training. The registered manager explained that training for staff was not updated and staff did not complete refresher mandatory training. The staff training programme showed that 19 out of 48 members of staff had not had medicine management training since 2012. We also found that 20 out of 48 members of staff did not have safeguarding adults training and 23 out of 48 members of staff did not have training in infection control since 2012. This meant that people were cared for by staff that did not receive updated knowledge on the current good practice. People were at risk from unsafe care because staff did not have the knowledge to care for people effectively.

Newly employed staff completed a period of induction that supported staff to gain skills, knowledge and become familiar with people they worked with. Experienced care staff supported newer staff to gain confidence in their new role. One staff member told us "I completed my induction which helped me understand people's care needs better."

People received support from staff that had regular supervision to support them in their caring role. Staff supervision meetings were recorded and staff discussed issues of concern that effected their role. This meant that the registered manager supported staff to resolve concerns they had with their role so they cared for people effectively. Staff appraisals were up to date. During an appraisal meeting staff discussed their professional and personal goals. The line manager monitored and reviewed staff goals to ensure these were achieved. Staff appraisals took place annually and checks were in place to monitor this.

People's consent was sought prior to care being delivered. One person told us, "Yes [staff] talk to me before they care for me and they are very encouraging and patient." People told us staff sought their consent to care and gave them options and choices before providing care. Staff ensured people understood the care being provided for them.

People were not deprived of their liberty unlawfully. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff demonstrated their knowledge of the principles of MCA and DoLS. People's care records held details of their mental capacity assessment if they did not have the ability to make a decision for themselves. When people lacked the ability to make decisions best interest meetings took place. Recommendations made were used to guide staff to care for people so they were cared for lawfully without being deprived of their liberty.

People had access to food and drink which met their needs. When people required support with meals they had this need met by staff. One person told us, " [Staff] get breakfast. I cook and [staff] serve dinner." Another person told us "Yes, [staff] make my meals and they do a good job" Staff shopped for people and supported them to prepare meals that met their nutritional needs and preferences. Staff monitored any changes in people's nutritional need and took action to minimise the risk of malnutrition and dehydration.

Staff took prompt action to ensure the health care needs of people were maintained. Staff knew what actions to take if people's needs changed. A person told us " [Staff] respond quickly to any concerns." A relative said "If either of us are in bed [staff] will call the doctor straight away." One member of staff told us, "I have contacted the office when I noticed something had changed with [the person's] health." We saw records that demonstrated that staff took prompt actions when a person's care needs deteriorated. We saw referrals to health and social care professionals for additional support. For example, staff made a referral to an occupational therapist for equipment because the person's reduced ability to safely move from the bed to wheelchair. This meant that staff took prompt actions to address people's changing needs by seeking appropriate a healthcare specialist support.

Good

Is the service caring?

Our findings

People received a service, which was caring and met their needs. Staff treated people with kindness and compassion. One person told us, " [Staff] are very kind. They're polite and always ask how I am." Another person said, "Yes staff are kind and respectful." Staff spoke about people in a way that showed they were compassionate to their needs. A relative said "My relative is treated with compassion, they have lots of care." Staff knew people's individual needs which demonstrated they knew people well.

People were cared for in a way that took into account their needs, personal histories and preferences. Assessments and care plans were developed with the involvement of people and their relatives. People's assessed needs and the support they required to meet them were recorded in their care records. People and their relatives told us they were involved in developing their care plan with the service, health, education, and social care workers when required. One person told us "They [office based staff] come to see me and look at my care and make changes." This meant that people were able to make decisions in their care and support and staff implemented appropriate care to meet the person's individual needs. Staff completed care daily records when they visited people to provide care and support to them. We looked at copies of these records and found that staff documented care provided in line with the guidance in the care records. A person told us, "I have a copy of my care plan and there is one in the folder too." However one person told us "Sometimes they can be here just 30 seconds just to check I've taken my medication and sign the book- That's all they come in for." We checked this person's care records which documented that this person did require assistance from staff with their personal care needs and to ensure they took their medication as required. This meant that staff did not ensure people were supported with the care required to maintain their health.

People received information and explanations from the provider about their care. For example, relative told hey received a copy of their assessment and care plans. People could be confident that staff provided appropriate care, which met their assessed need reducing the risk from poor care.

People's care was planned to meet their assessed needs and to maintain their independence. People were able to contribute to their care and support. For example, one person could wash most of their body independently but required assistance to have a bath. People made choices and decisions about the care they received and what people were able to do for themselves. For example, people had and assessment of their abilities to manage their personal care or medicines themselves. When support was needed staff supported people with this. Staff supported people to manage some activities they chose. Care records we looked at demonstrated that people were encouraged to be independent. One person who told us, "They [staff] are very helpful and we just chat." Another person told us "Sometimes staff will take me out for lunch". Staff supported people to complete tasks independently so they maintained control of their care.

People were treated in a way that demonstrated staff respected their dignity. One person told us, "Oh yes. We have a good rapport together. [Staff] talk and show interest." Another person said "[Staff] chat and listen." A staff member told us, "It's important to respect people in this job." Staff we spoke with demonstrated the importance of developing good working relationships with people when they provided

care. One staff member told us, "We deal with people with respect."

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. Before people began using the service, an assessment was undertaken to ensure the service could provide care for people effectively. People and their relatives were involved in making decisions in the planning of care. Assessments and reviews occurred regularly with people, this ensured care delivered was personalised because staff listened to people's views. 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.

Staff were aware of people's needs and personal preferences. One person told us, the staff member knew them well and were "Completely proficient." Another person said, " [Staff] come from the office every month. The ring first and check my folder." Staff completed daily call visits logs when they visited people to provide care and support to them. This ensured staff followed the person's care plan and they received care in line with their care plan. A person told us, "I have a care plan and am involved." Another person said "Yes I have a care plan and It has recently been assessed." A third person said "The supervisor goes over the care plan and discusses this with me." People could be confident that staff provided appropriate care, which met their assessed need reducing the risk from poor care.

People told us that they had a copy of their assessments and reviews for their records. Office based staff completed regular reviews of people's care needs. Any changes in their care needs were recorded in their care records and updated to reflect these changes. Records showed that where staff had identified concerns or a risk, they took action by seeking advice or guidance from a relevant health or social care professional. For example, during a care review staff identified that a person's mobility had deteriorated and required equipment to support staff in the moving and handling of them. Staff made a referral to a health worker for discussion. The health professional carried out a review of the person's health needs. As a result a hoist was ordered for the person which decreased risks to their health and supported staff to carry out their role effectively and safely.

People were supported to access community activities they enjoyed. People told us, staff were flexible and came to visit them at a time that better suited them. This allowed people to maintain relationships with people that mattered to them and enjoy social activities outside of their home reducing the risk from social isolation.

People had access to the registered provider's complaint procedure to make a complaint. The registered provider had a complaint process in place. One person told us, "Yes I know who to make a complaint. I have the office number but have never needed to use it." People were encouraged to make comments and complaints about the service. People and their relatives were provided with a copy of the complaints form to raise a complaint about aspects of their care. One relative told us "I've phoned a couple of times. Once when one lady let me down in the evening and one I declined to have again because she would just turn up when it suited her not me." The registered manager demonstrated their competence in managing complaints effectively and in a timely manner.

People and their relatives did not have a formal way of giving feedback to the registered manager. There were no records of feedback requested since 2014. After the inspection the registered manger informed us that they had sent out annual feedback form to people or their relatives that used the service.

Requires Improvement

Is the service well-led?

Our findings

The registered manager ensured that people received care and support from a service that was well-led. One person said "They are kind, respectful & professional." A relative said "The manager of the service is good, I can't find fault with them."

The registered manager carried out quality monitoring checks of the service. For example, people's care needs were reviewed regularly and people's care records were up to date and reflected people's needs. All assessments and care plans were available in people's care records. However we found the registered manager had a medicine audit in place, this was not effective because it did not identify gaps in the MARs we found. The audit was intended to be used to monitor and identify safe administration and recording of medicines managed by staff for people. When staff identified issues with people's medicines there was no clear process in place for following up those concerns to ensure they were resolved. Staff who supported people with their medicines did not have their MARs regularly audited to check they were recorded accurately. This meant that people were at risk from unsafe medicine management.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Senior staff completed observations and spot checks to assess staff competency in caring for people. A record of observations was made and feedback given to the staff member. This feedback helped senior staff assess whether care staff required additional support or training.

The registered manager encouraged staff to be involved in improving the service. Staff had the opportunity to discuss issues or raise concerns with the service. For example there were weekly meetings that took place on a Monday where the staff member on-call over the weekend could discuss any issues that arose. The registered manager also had monthly team meetings where all staff were invited to attend. We saw suggestions made and acted on. For example, staff were involved in ensuring people's care records were of a good standard and accurate.

Staff we spoke with told us they liked working at the service. One member of staff said "The manager is really good she listens to me." Staff told us that office based staff were helpful and available if they needed any assistance. Staff told us the registered manager was approachable and they were confident to raise any concerns with them because these would be dealt with promptly.

People and staff had access to a 24 hour on call system that was used in and emergency that related to people's care or support. One person said "There were very good lines of communication the on call from 7.00am-9,00pm." Another person told us, "They are very helpful, they never ignore my calls. We have had problems covering sometimes, but they usually respond positively."

The registered manager worked in partnership health and social care organisations. Staff had developed working relationships with local teams. These working relationships benefitted people using the service

because their care was coordinated in a way that supported their health and well-being. For example, staff had developed and maintained contacts in the local authority and in the health authority that provided support and advice to them when required.

The provider ensured that the Care Quality Commission was kept informed of notifiable incidents, which occurred at the service.