

Carepoint Services Limited

# Carepoint Services (Beckenham)

## 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

### About the service

Carepoint Services (Beckenham) is a domiciliary care agency in the London Borough of Bromley providing personal care and support to people living within their own homes. Not everyone using Carepoint Services (Beckenham) receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was providing support to five people receiving the regulated activity.

### People's experience of using this service

People and their relatives mostly spoke positively about staff and told us they were happy with the service they received. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Robust recruitment checks took place before staff started work and there were enough staff to meet people's needs. Risks to people were assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections and staff had enough personal protective equipment.

Assessments of people's needs were carried out before they started using the service. People received support to maintain good health and were supported to maintain a balanced diet where this was part of their plan of care. 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 support this practice. People were treated in a kind, caring and respectful manner and were consulted about their care and support needs. People knew how to make a complaint if they were unhappy with the service.

There were effective systems in place to assess and monitor the quality of service that people received. The provider took people's views into account and feedback was used to improve the service. The provider worked well with health and social care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This was the first inspection of the service since the provider registered with the CQC.

### Why we inspected

We received concerns in relation to a serious incident. As a result, we undertook a comprehensive inspection of the service.

### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 well-led.

Details are in our well-Led findings below.

Good ●

# Carepoint Services ( Beckenham)

## **Detailed findings**

## Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out 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

Carepoint Services (Beckenham) is a domiciliary care agency. It provides personal care and support to people with varying needs living within their own homes. 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

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager and staff would be present and available to speak with.

### What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about 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.

#### During the inspection

We met and spoke with the director, registered manager and deputy manager. Following the office visit we spoke with four care staff by telephone on the 8 December 2020. We also spoke with five people and or their relatives and one health and social care professional by telephone to seek their feedback on the service. We reviewed a range of records including three people's care plans and records and three staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- This inspection was prompted in part following concerns of a serious incident. The provider had taken appropriate actions to address the concerns, minimise the risk of reoccurrence and had appointed a new management team to manage the service safely. We saw there were systems in place to protect people from the risk of abuse or harm.
- People spoke positively about the care provided and told us they felt safe. One person commented, "I have the same person [staff] and we have a very good relationship." A relative told us, "I am quite happy [relative] is safe and being looked after well. They [staff] are a great bunch and really think about the client's needs."
- Policies and procedures to help keep people safe were up to date and robust. Staff we spoke with knew how to identify safeguarding concerns and how to act on them appropriately. One member of staff told us, "Management support is very good, if I had any concerns, I would tell them immediately knowing they would act." Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.
- The registered manager was knowledgeable on how to report concerns of abuse to the local authority and the CQC where required. We saw that where safeguarding concerns had been raised the registered manager and provider worked effectively with local authorities and health and social care professionals to address concerns. There were robust systems in place to oversee learning from accidents, incidents and safeguarding including monitoring logs to ensure concern are addressed and discussed with staff.

Assessing risk, safety monitoring and management

- Risks to people were assessed and documented to ensure their needs were safely met.
- Care plans contained assessments of risks to people's health and well-being and provided staff with up to date information about how individual identified risks should be managed to keep people safe. For example, supporting people with the use of equipment to ensure safe mobility.
- Staff knew people well and understood their needs and risks to help reduce the risk of avoidable harm. One member of staff told us, "The care plans we have now are very good and help us to help people better. We have lots of training to ensure everyone's safety."
- Risk assessments were completed ensuring people's home environments were safe. For example, ensuring smoke alarms in place were working correctly.

Staffing and recruitment

- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, applicant's full employment history, employment references, Disclosure and Barring Service (DBS) checks, health declarations and proof of identification. The DBS helps employers make safe recruitment

decisions and helps prevent unsuitable people from working with people who use care services.

- There were enough staff to meet people's needs and people told us they had regular staff who visited them, who arrived on time and stayed for the full length of their calls. Comments included, "[Relative] has one main carer that comes but if they send someone else it is people [relative] knows", "It is normally the same person who comes which is the main reason I went with the company having had others who couldn't provide this service", and, "Carer is usually on time although they have been messing about with the roads so she can sometimes be delayed, she would let me know though."
- There were systems in place to identify if staff were late and or missed calls which allowed for issues to be remedied. These included, staff spot checks, field care observations, home monitoring and telephone monitoring. The registered manager told us that the provider was also in the process of introducing an Electronic Call Monitoring system (ECM) which would enable office staff to monitor care staff within the community more effectively ensuring people received their care safely and responsively.
- There were arrangements in place to deal with emergencies and an out of hours on call system that ensured management support and advice was available to staff and people when they needed it.

#### Using medicines safely

- People were supported where required to safely manage and administer their medicines. One relative commented, "I am happy [relative] is safe. The medications are kept in a locked box and staff make sure [relative] has had them."
- Care plans detailed people's prescribed medicines, any known risks and allergies. Staff completed medicines administration records (MARs) which we saw were accurate and were regularly monitored and audited by office staff to ensure safe practice.
- Training records confirmed that staff had received training and competency assessments in administering medicines to ensure continued safe practice.

#### Learning lessons when things go wrong

- There were systems in place to oversee and support learning from accidents, incidents and safeguarding. Staff identified risks to ensure people were safe and understood the importance of reporting and recording accidents and incidents. One member of staff commented, "Communication is very good and there is always someone in the office at any time to support us when needed."
- Records demonstrated that staff took appropriate actions to address accidents and incidents including seeking support from health care professionals and referred to local authorities and the CQC where required.
- Accidents and incidents were monitored on a regular basis to identify themes and trends as a way of preventing recurrence. Any lessons learnt were shared with the staff team through staff meetings and supervisions to ensure improvements required could be implemented.

#### Preventing and controlling infection

- The provider had an infection control policy and systems in place to minimise the risk of infections.
- Personal protective equipment (PPE) such as facemasks, aprons and gloves were always made available for staff and staff confirmed this. Training records confirmed that staff had completed training on infection control and food hygiene.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment. For example, supporting people with laundry and domestic tasks.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs were assessed before they started using the service. Staff met with people to discuss and assess their needs, wishes and aims. This ensured that the support requested met people's individual needs and wishes appropriately.
- People, their relatives and health and social care professionals where appropriate contributed to the assessment process to ensure all individual needs were considered and planned for.
- People's needs were reviewed on a regular basis to ensure the care they received met their needs and desired outcomes.

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

- People's nutrition and hydration needs and preferences were met and supported by staff where this was part of their plan of care.
- Care plans documented people's nutritional needs, support required with meal preparation, support with eating and drinking and any known allergies or dietary requirements.
- Staff received training on safe food handling and were aware of people's dietary needs, risks and preferences. One member of staff told us, "The care plans are very good at guiding us on how best to support people. I know the people I support very well and I always have enough time to spend with them to make sure they are well looked after."

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

- People received support to access services when required to maintain good health and well-being.
- The registered manager told us the service worked in partnership with health and social care professionals to ensure people's physical and mental well-being. For example, GP's, district nurses and the local authority.
- Staff documented the support provided to people at each visit to ensure others involved in people's care received up to date information about their wellbeing.
- Staff reported concerns about individual's wellbeing promptly so people received the support they required. One relative told us, "Staff know what they are doing and deal with situations appropriately as they arise. One carer came to do the medication and [relative] had a fall. The carer dealt with everything so well, [relative] refused an ambulance so the carer checked [relative] over and made [relative] comfortable then rang me and I took over. The carer offered to stay but I was happy to take over. The carer was excellent throughout, she just knew what to do and got on with it."



Staff support: induction, training, skills and experience

- Staff had appropriate knowledge and skills to meet people's needs. The provider supported staff through an induction programme, supervision and an on-going training programme.
- People and their relatives told us they felt staff were knowledgeable and skilled. One relative said, "The carer is very good at dealing with [relative] and reacts to them well. The carer seems to understand how to work with [relative] and their dementia and when to back off."
- Staff completed an induction programme in line with the Care Certificate, this is a nationally recognised programme for health and social care workers.
- Staff were knowledgeable about the people they supported and received appropriate training to meet their needs. For example, training in areas such as health and safety, tissue viability and pressure injuries, dementia support and end of life care amongst others.
- Staff told us and records confirmed they received regular supervision and support. One member of staff commented, "I am very happy in my job and feel very supported. We have good training, regular supervision and support to further develop our professional knowledge such as NVQ awards. Managers are always available to support us."

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. 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent had been sought in line with relevant legislation.
- Staff had a good understanding of the MCA and said they supported people to make their own choices when needed. For example, when choosing what food, they would like to eat or the clothes they want to wear.
- Care plans documented people's capacity to consent to decisions made. Where people were unable to consent or their capacity fluctuated, relevant individuals and professionals were involved to ensure any action taken was in the person's best interests.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People and their relatives told us staff treated them well and their needs and preferences were respected. One relative said, "The carer is lovely with [relative]. It is company for [relative], and the carer is nice and caring. Another relative commented, "I know [relative] is safe when they [staff] are there, they [staff] don't have too much to actually do in terms of caring, but they [staff] are kind and make [relative] a cuppa and sit and chat."
- Staff had built respectful relationships with people and their relatives with many staff having worked for the provider for many years. Staff were aware of people's diverse and cultural needs and these were documented as part of their plan of care. One member of staff commented, "We work with such a diverse range of people, it's really important to get to know everyone well and how they like to be supported so we can do the best for them."
- Staff received equality, diversity and inclusion training to help them protect people from discriminatory behaviours and practices in line with the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy and independence was respected. One person told us, "The carer is very good when helping me and treats me with respect. She looks after my modesty when washing me. I am happy with the carer and feel safe."
- Staff we spoke with were proud of their working relationships with people and provided examples where people's dignity and independence was promoted. For example, enabling and supporting people to manage their personal care, meal preparation and to venture outside.

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

- People and their relatives where appropriate, were involved in decisions about their care and support.
- People's views and choices were sought and documented prior to using the service. These were reviewed on a regular basis through spot checks, surveys and monitoring calls of their care to ensure it met their needs and wishes. One relative said, "The carer or the office will contact me if necessary. She [staff] writes everything in the book if I want to know something about [relative]."
- People were provided with information about the service in the form of a service user guide in a format that met their need. This provided people with information on the providers care philosophy, principles and value and the standards people can expect from the service. The registered manager told us that they also regularly sent e mails to people and their relatives providing them with important updates about the service when required. The service also produced newsletters for staff which provided them with information about the provider, service and topics of relevance for example, the carer of the month awards.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; end of life care and support

- People received responsive personalised care that met their needs and choices. One relative commented, "I think they [staff] are pretty responsive. There was an issue where [relative's] hospital appointment over ran. The carer went to [relative] to do [relatives] lunch, she rang me to say [relative] wasn't there. I had to apologise and say we were stuck at the hospital, but I was most impressed she [staff] rang me rather than just leaving. I think the office listen and messages get through when I've cancelled a visit."
- Care plans documented people's physical, emotional and mental health needs, history and the things that are important to them and identified any protected characteristics and any support that was required to meet them. Records were maintained by staff on a regular basis to ensure that people received support as agreed and planned for.
- People's social, cultural and religious preferences were promoted and supported by staff. Staff were actively aware of individuals diverse needs and understood people's differing needs, views and beliefs. People and their relatives confirmed they had a regular group of care workers who knew them well and they were asked about their gender preferences for care workers.
- At the time of our inspection no one using the service required end of life care and support. However, care plans documented people's end of life care wishes where they had chosen to share this for staff reference. Staff received end of life care training and the registered manager told us the provider was in the process of implementing a specialised end of life care team within the service.

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 were supported where requested to meet their social interests and needs and staff supported individuals to protect them from the risk of social isolation and loneliness.
- Care plans documented people's social needs and interests and any support required from staff to meet those needs.

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.

- People's communication needs were identified and documented in their plan of care to ensure staff had relevant information on how best to support them.
- Staff understood the importance of effective communication when supporting people and the service

could produce information in different formats that met people's needs, for example, easy to read versions of the service user guide and the complaints policy and procedure.

Improving care quality in response to complaints or concerns.

- There were arrangements in place to deal with people's complaints if they were unhappy with the service provided.
- People and their relatives told us they were aware of the complaints procedure and how to make a complaint. One relative told us, "On the whole I don't have any complaints but would ring the office if I wanted to sort any concerns out."
- People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the service.
- Systems were in place to log and investigate any formal complaints ensuring the service responded to them appropriately.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; how the provider understands and acts on the duty of candour responsibility

- People received personalised care from staff who had the knowledge, skills and experience to carry out their roles and responsibilities. The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency. The Duty of Candour is a regulation that all providers must adhere to.
- Staff told us they had access to support and advice from management and office staff when they needed it, including an on-call number for use out of office hours. One member of staff said, "We have very good support from management now and the office staff are always on hand to help."
- People and their relatives spoke positively about the service and told us they were in regular contact with office staff or the manager and were able to express their views about the service. One person told us, "The manager has been around two or three times to check if everything is OK. They seem very approachable." A relative commented, "I am quite happy with the service and would recommend them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- People gained from receiving a service that was organised and had a good staffing structure. Staff told us they felt supported and had confidence in the management team and provider.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.
- The quality and safety of the service was routinely monitored. Checks and audit systems in place covered areas such as, safeguarding, medicines, care plans and records, staff spot checks and practice observations, staff training and accidents and incidents amongst others.

Working in partnership with others

- The service and registered manager worked effectively with other organisations and professionals to ensure people received a good standard of care. Records demonstrated staff had regular contact with health and social care professionals including district nurses, social workers, local authorities and GPs amongst others. One professional commented, "The service is very good at communicating and they respond in a timely manner to any requests for information."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- There were systems in place to ensure the service sought the views of people through reviews of their care, on site spot checks, telephone monitoring and surveys. One relative said, "I would certainly recommend them and if we need to extend the care package, I would not hesitate to use them for the extra hours."
- People and their relatives told us they had frequent contact from the service and were asked for their views about the service they received. For example, we saw the results of the customer survey conducted in December 2019 which was positive.
- The provider valued and listened to the views of staff. We saw and staff told us they had regular opportunities to share ideas and suggestions at team meetings, supervision meetings and team gatherings. The registered manager told us they had an employee of the month award to recognise and reward the achievements of staff who had performed well.