

Carepoint Limited

Carepoint Limited t/a Alternative Care - Suite 1 Parkside House

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Carepoint Limited t/a Alternative Care - Suite 1 Parkside House is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection, 91 people were using the service.

People's experience of using this service: The provider displayed a commitment to providing high quality person-centred care. However, we identified significant shortfalls with the leadership of the service. The provider did not have systems in place to check the safety and quality of the service provided; complete and accurate records were not always in place. The issues we found during our inspection had not been identified by the provider.

Information was not available to help guide staff about the support people needed to manage risks or specific health conditions. Safeguarding concerns had not always been reported and responded to appropriately and thorough recruitment processes had not always been followed. We have made a recommendation regarding safe recruitment processes.

Staff received an induction and shadowing opportunities when they joined the service, however this was not recorded. Staff had not been fully supported in their role. Regular supervisions and observation of practice had not taken place.

Medicines were recorded and administered safely. People were clearly at the heart of the service. Staff treated them with dignity and respect and their independence was promoted. People were supported by a consistent team of staff who were familiar with their likes, dislikes and preferences. Staff understood the importance of knowing people's abilities and working with them to achieve positive outcomes; this level of information was not recorded in people's care files.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Choices people made were respected although consent was not recorded.

People felt they were listened to and their views respected. People told us the service was responsive to their needs and the support provided had improved their well-being. They were asked to provide feedback on the service provided and had regular visits from office staff.

People and staff spoke positively of the management team. The provider and staff team were passionate about providing a caring service but accepted there were significant shortfalls with records.

More information is in the Detailed Findings section below. For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection: Good (report published 26 July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around good governance and safeguarding service users from improper treatment and abuse. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least good.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Carepoint Limited t/a Alternative Care - Suite 1 Parkside House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 two inspectors.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in 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. However, the person registered as manager was no longer employed in this capacity.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit. We needed to be sure the provider would be available to facilitate this inspection.

Inspection site visit activity started on 23 April 2019 and ended on 2 May 2019. We visited the office location to see provider and office staff. We reviewed care records and policies and procedures. We contacted people who used the service and relatives via telephone following the site visit to gain their views on the service provided.

What we did: Before our inspection, we looked at information we held about the service. The provider sent

us a Provider Information Return. 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 reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit. We used this information to plan the inspection.

During the inspection we spoke with 12 people who used the service and nine relatives. We spoke with the provider, two care coordinators, the training manager and three care staff.

We looked at a range of documents and records related to people's care and the management of the service. We viewed four people's care records and medication records, two staff recruitment and induction files, five staff training, and supervision files and a selection of records used to monitor the quality and safety 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.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations have not have been met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had a policy and procedure in place to guide staff in how to safeguard people from the risk of abuse and harm. This had not always been followed.
- A thorough record of safeguarding concerns had not been kept. There were no records of safeguarding concerns raised from 2016 to 2018 so we could not be sure appropriate action had been taken.
- The provider was not clear of the process to follow when safeguarding concerns were raised. We found examples of serious safeguarding concerns where the appropriate processes had not been followed. The provider failed to take action to address this despite requests during the inspection process.
- Staff had not received recent safeguarding training. Discussion with staff evidence they were aware of different types of abuse and action to take if they suspected abuse.

Systems and processes were not established and operated effectively to investigate appropriately, immediately upon becoming aware of, any allegation or evidence of such abuse. This was a breach of regulation 13 safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe. Comments included, "I feel safe with the staff because they really know what they are doing" and "I have confidence in staff and feel safe in their care."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risks associated with people's care and support needs were not always assessed. Details on how to manage and reduce risks in relation to people's needs were not recorded. For example, one person was at risk of choking. A choking risk assessment was not in place and staff had not been provided with sufficient guidance. The person also required equipment to help them transfer safely. There was no reference to this within the person's care documents. Control measures to keep this person safe were not recorded and associated risks had not been considered.
- Although records did not detail risks relating to people's support needs, staff we spoke with were aware of risks and how these should be managed. People we spoke with confirmed this. One person said, "We have a small team of staff. I have no concerns over their knowledge of risks."

We found no evidence that people had been harmed as a result of these recording shortfalls, however, records did not provide sufficient guidance to staff. The evidence above shows there was a breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Processes were in place to record any accidents or incidents. The provider was clear of action they would take to respond to any such events that occurred.

Staffing and recruitment.

- Safe recruitment processes were not always followed. References had not been obtained before new staff started working at the service and gaps in employment history had not been explored. The provider took action to address the during the inspection.

We recommend the provider considers current guidance on safe recruitment and take action to update their practice accordingly.

Using medicines safely.

- People's medicine records were completed appropriately.
- Medication Administration Records contained guidance about when medicines should be administered.
- Staff had received medicines training and their competencies had been assessed.
- There was an effective auditing system in place in relation to medicines. When shortfalls were found, action had been taken to address this.
- People told us they received their medicines as prescribed. Discussions with staff evidence they were clear on medicine best practice guidance.

- There was enough staff to support people.
- The provider focused on retaining staff. There was a large number of staff who had worked at the service for a number of years.
- People told us there was enough staff. One person said, "I have the same team of staff and one main carer. They are always on time."

Preventing and controlling infection.

- Staff followed good infection control practices; they used aprons, gloves and hand sanitiser to help prevent the spread of infection.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- Staff new to the service had completed an induction but this was not always recorded appropriately. The training manager told us shadowing opportunities and probation meetings took place, but these were not recorded. We have addressed this recording shortfalls in the well-led domain.
- Formal supervision and observation of staff practice had not always taken place. The provider was aware of this and had taken action to ensure this was improved moving forward.
- Staff had received some training relevant to their role. Training in safeguarding and Mental Capacity had not been provided. The opportunity to attend specialist training had been provided to ensure staff had the skills and knowledge to support people with specific medical conditions.
- Staff told us they felt supported in their role. Comments included, "I have no issues with the support I receive. Someone is always available if I need anything. I know I don't have to wait for a formal meeting to raise any concerns."

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

- Assessment of people's needs was completed to ensure an appropriate service could be provided for them.
- People were involved in making every day decisions and choices about how they wanted to live their lives. One person told us, "The staff ask me what I would like for my meals and then prepare my choice. I make the decisions."

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

- Staff provided nutritional support when this was needed. One person said, "I make my own meals, but staff always ask if I need any support."
- Information regarding people's dietary needs and preferences were not always recorded.

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

- People had access to health care professionals; staff sought medical advice for people where required.
- Information about people's health needs was recorded in their care plan and shared with relevant professionals when needed.

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 with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected.

- The provider was not clear on their responsibilities in relation to the Mental Capacity Act 2005.
- Where people who used the service lacked capacity, the provider relied upon other professionals to complete capacity assessments and best interest decisions.
- Staff had not received training in MCA. Discussions with staff evidenced they were aware of action to take if they felt a person lacked capacity.
- People told us they were actively involved in decisions regarding their care and support.
- Consent to care and support was not always recorded, which was discussed with the provider.

The shortfalls above have been addressed in the well-led domain.

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.

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 were supported by a consistent team of staff. One person said, "I have been with the service for over 10 years. I have a regular carer. I see them as my friends."
- Staff were kind and caring in their approach. Comments included, "They know [person's name] inside and out. I would say they are extremely caring in their approach" and "Staff are excellent. I couldn't be without them."
- Positive, caring relationships had been developed.
- Staff understood equality and diversity and how it related to their role.
- Office staff often visited people to ensure they were happy with the support provided. They ensured people received the support they required.

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

- People lived according to their wishes and values; they had access to advocacy support if needed and were supported to make decisions.
- People were involved in discussions about their care and support; people could choose whether their relatives were involved in these discussions.
- Staff understood the importance of effective communication whilst maintaining confidentiality. A relative told us, "If I ever need to discuss anything, there is someone there. Whatever I have asked, it has been actioned."
- People chose a time they would like staff to visit and this had been accommodated where possible.
- The provider ensured new packages of care were only accepted if people's needs and preferences could be met.

Respecting and promoting people's privacy, dignity and independence.

- The provider and staff showed genuine concern for people who used the service; they were keen to ensure people's rights were upheld and they were not discriminated against.
- People told us staff treated them with dignity and respect.
- Staff understood people's abilities and their goals although, this was not always recorded.
- The provider acknowledged that records needed to improve; this would help ensure staff had access to relevant information relating to people's abilities, preferences and what was important to them.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's needs were assessed and recorded within an initial assessment. People and relatives had been involved in these initial discussions and the creation of people's care plans.
- Care plans contain some person-centred information, but this was inconsistent and not always up to date. For example, a personal care plan detailed what level of support they required and the routine they liked to follow. Other care plans did not contain the same level of detail. For example, one person required reposition to relieve pressure areas, but the care plan had not been updated to reflect this.
- Some people's care and support had been regularly reviewed but this was inconsistent. These reviews had failed to identify when people's care plans did not reflect their current care and support needs.
- People told us staff were responsive to their needs. Comments included, "If I need to cancel a call I just let them know and it is done" and "If I have been unwell staff have stayed and given me extra help. They are good like that."
- The provider was able to provide examples of when care packages had been increased due to people's changing needs.
- People received care from staff who knew their life story and who was important to them.
- Staff understood the importance of meaningful conversations and stimulation. People told us staff did not rush them and they had time to sit and chat. One person said, "They know me very well and we have a good natter. They are like family."
- Staff encouraged people to participate in pastimes they enjoyed.

Improving care quality in response to complaints or concerns.

- People knew how to make a complaint. One person said, "I have no concerns. Everything runs really smoothly, which is what I want."
- The provider knew how to manage any complaints or feedback about the service.
- Any day to day concerns were responded to quickly.
- The culture of the service was open and honest. People and staff approached management with confidence.

End of life care and support.

- The provider told us end of life support was usually only commenced in people's final days, when end of life plans had been discussed and implemented by other professionals.
- The service was not currently supporting anyone who was receiving end of life care.

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.

Management and governance was inconsistent, which placed people at risk of receiving unsafe or poor-quality care. Leaders and the culture they created supported the delivery of person-centred care. Some regulations have not been met.

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

- There was a manager registered with CQC, but they were no longer in post or responsible for the management of the service.
- The provider did not have effective oversight and governance of the service's safety and quality to ensure all regulatory requirements were met.
- The provider did not have robust systems in place to implement and monitor safety and quality of the service. Checks were not carried out to recognise where quality and safety had been compromised in areas such as risk assessments and the recruitment processes.
- The provider had failed to identify a number of recording shortfalls.
- The provider told us they were aware of issues with the management of the service following the last inspection in July 2016. They had failed to take timely action to address this.
- The provider understood they needed to support staff at all levels to understand their roles and responsibilities, but this had not been done consistently.
- All appropriate reporting had not been carried out to alert the Care Quality Commission (CQC) and local authorities when incidents occurred.

Systems were not in place to demonstrate safety and quality was effectively managed. Complete, accurate and contemporaneous records were not kept. This was a breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider engaged with everyone who used the service and those relatives and professionals involved. They acted on feedback provided.
- Staff and people provided positive comments about the provider. One person said, "I have been with other providers and this service is first class, so they must be doing something right."
- Staff were encouraged to share their views and contribute to decisions about changes within the service. The provider respected staffs' knowledge of people and took their views on board. One member of staff said, "I have no problem making suggestions and the office staff do listen to what staff say."

Working in partnership with others.

- The service had good links with the local community and key organisations.
- The provider had a good relationship with the local authority and other services operating in the area.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</p> <p>13 (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to demonstrate safety and quality was effectively managed. Complete, accurate and contemporaneous records were not kept.</p>