Carepoint Limited

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

## Inspection report

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Date of inspection visit:
18 May 2016

Date of publication:
26 July 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection took place on 19 May 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure care staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could contact them.

The service is registered to provide personal care and support to people in their own homes. The service provides support to younger and older people, people living with a dementia type illness, people with a learning disability, mental health issues, physical disabilities and or a sensory impairment. At the time of the inspection the service was providing support and personal care to 190 people in their own homes.

At our last inspection on 10 April 2014, the service was meeting all of the regulations that we assessed.

There was a registered manager in post. 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.

People were supported by care staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff were aware of their responsibilities in this area and what actions they should take to keep people safe from harm. Staff were aware of the risks to people on a daily basis and how to manage those risks.

People were supported to take their medication safely.

Staff were recruited safely and received an induction and opportunities to shadow colleagues prior to commencing in post. Staff benefitted from regular training to ensure they had the skills to meet the needs of the people they supported. Staff understood the importance of obtaining people's consent prior to supporting them with their care needs.

Staff were aware of people's nutrition and health care needs and supported people appropriately. People were supported by care staff who were kind and caring. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People were involved in the planning of their care and staff delivered care in line with what was considered to be people's preferences and wishes. People's care needs were regularly reviewed and care staff kept up to date with any changes in their care or support.

There was a system in place for investigating and recording complaints and people were confident that if they did have any concerns, that they would be dealt with appropriately. The management and staff group

were described as supportive and people considered the service to be well led.

Medication audits had not taken place and other audits had failed to identify some of areas that came to light during the inspection. Care plan paperwork did not always reflect the most up to date information regarding people who were supported by the service.

Communication systems between care staff and the office staff were not as effective as they could be.

People were happy to recommend the service to others, based on their own positive experiences.
Responses received from completed questionnaires, demonstrated that people were happy with the service they received.

Staff felt listened to, well supported and able to contribute to the running of the service.
Efforts were regularly made to obtain feedback from people who used the service, in order to improve the quality of the service to people.

## 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 felt safe when supported by care staff.

Risk assessments were in place to guide care staff on how to support people safely.

People were supported to take their medication safely.

### Is the service effective?

Good

The service was effective.

People were supported by care staff who received regular training to enable them to meet people's individual needs.

People were supported to access healthcare services when required by care staff who knew their healthcare needs.

Care staff understood the importance of obtaining people's consent prior to supporting them with their care.

### Is the service caring?

Good

The service was caring.

People were supported by care staff who were kind and caring.

Where possible, people were supported to maintain their independence.

People's privacy and dignity was maintained.

### Is the service responsive?

Good

The service was responsive.

People's views were sought in the planning and reviewing of their care needs.

There was a complaints system in place and people were confident that if they raised a complaint it would be dealt with appropriately.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

People who used the service and care staff told us they considered the service to be well led.

Audits had failed to identify a number of concerns highlighted during the inspection.

Care plan paperwork did not always hold the most up to date information regarding the people supported by the service.

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**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.

This inspection took place on 18 May 2016 and was announced. 'The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection was carried out by one inspector and an expert by experience who contacted people by phone following the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify any areas we may wish to focus upon in the planning of this inspection. We sent out questionnaires to people who used the service and their relatives, care staff and community professionals. The feedback we received from these questionnaires is included in the body of the report.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 11 people who received support from the service and five relatives. We also spoke with the registered manager, the care co-ordinator, the trainer and four  care staff. We reviewed a range of records about people's care and how the service was managed. This included looking at the care provided to four people by reviewing their care records. We reviewed two care staff recruitment records, recordings of compliments and complaints, medication administration records, care staff training records, minutes of care staff meetings and a variety of quality assurance records.

Good

# Is the service safe?

## Our findings

People told us they felt safe when supported by care staff in their own home. This statement was further supported by people's responses in questionnaires received. One person told us, "I always feel safe. I've no problems" and another person said, "Yes (I feel safe). I have the same people so I know who's coming". Relatives spoken with told us they had no concerns regarding their relative's safety when being supported by care staff. One relative said, "We've had no issues. They've all been very nice". For people who had a key safe in place, people told us this system worked well.

Care staff told us they had received training in how to recognise potential signs of abuse and were able to tell us what actions they would take should they suspect someone was at risk of harm. A member of care staff described to us the circumstances surrounding a safeguarding concern they had raised and the reasons why they had raised their concerns. They confirmed to us that the registered manager had responded to the concern appropriately. They told us, "If I have to raise a safeguarding, I would report it to the office and log the details".

Care staff spoken with were aware of the risks to people in their homes and to themselves and how to manage those risks. For example, a member of care staff was able to explain to us how one person they supported was at risk of falls. They told us, "We took up the rugs up to reduce the risk of [person's name] falling over them". Another member of care staff told us one person they supported was at risk of choking. They were able to explain to us, how they managed this risk in order to keep the person safe.

There was a system in place to log accidents and incidents and care staff were aware of this and their responsibilities. One member of care staff told us, "There's a blank copy of the form in people's folders in their homes". Care staff knew what to do in an emergency and who to report to. We saw one accident had been recorded and acted on appropriately and kept on file.

People told us that they were generally satisfied with the timekeeping of care staff and that they did not experience any missed calls. One person told us, "They'll contact me if there are going to be any delays" and a relative also mentioned that they would be contacted if calls were late.

The registered manager told us, "We never miss calls" and described the staffing structure which allowed other care staff to step in and pick calls up if another member of care staff was absent. Care staff spoken with confirmed this arrangement and told us, "We always cover our calls, we would never leave a call uncovered". The registered manager told us she prided herself on being able to offer people a package of care. She told us, "Before we take on a package we will look at what the person is looking for, where they live and what times they need support. We will let them know if we can accommodate them. Sometimes we can't give people the exact time they want but we will offer them a different time". We saw that where calls required two members of care staff to support someone, care staff worked in teams to ensure they arrived at each call at the same time. Care staff told us they did not get travelling time included in their day, but management structured their calls back to back and a number of people were given a window of time when care staff would arrive. People spoken with told us this wasn't an issue for them.

We looked at the care staff files of two people. We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with care staff who confirmed that reference checks and checks with the Disclosure and Baring Service (DBS) had been undertaken before they had started worked and records seen confirmed this. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults.

People who were supported with their medication, told us they had no concerns and told us the system worked well. One person told us, "They help with it and it works fine. Once I've taken it they record it. I'm happy with it" and another person said, "I have a blister pack and other tablets that they give to me to take and then they record it". Care staff spoken with were able to explain what they would do if someone refused their medication. One member of care staff told us, "I would report it to the office". Care staff spoken with confirmed they had received training in how to administer medication and told us they were confident they had all the information they required in order to administer people's medication safely.

We saw that MAR [Medication Administration Records] charts were in place for people who were assisted with their medication. However, we saw that there were a number of gaps in some of the MAR charts and we could not be sure if people had received their medication or not. We raised this with the registered manager. She told us that some of the gaps may be because calls had been cancelled. We were able to evidence this was the case in two circumstances, but on another occasion, this was not the case. Also there were no body maps in place for cream application. We discussed with the registered manager who advised she would be putting the body maps in place. We also saw that where a MAR charts had not been provided by the pharmacy for one person, care staff had handwritten the medication into the chart. However this information had not been checked by a colleague. We raised this with the registered manager who agreed to look into this immediately and ensure the correct information was recorded.

Good

# Is the service effective?

## Our findings

People told us they were supported by care staff who were trained to do their job. One person told us, "They are very good, they know what they are doing" and another person commented, "Yes I do [think care staff know what they are doing] I also know that they [care staff] do training courses".

The provider had told us in their PIR return that they planned to introduced additional class room training to ensure staff were supported with their learning and care staff spoken with confirmed this. Care staff told us they felt very skilled and trained to do their job. We spoke to care staff who had attended a health and safety session that day. They all spoke highly of the trainer and told us they felt they benefitted from learning in a classroom environment. One member of care staff commented, "We're always encouraged to ask questions". Another member of care staff added, "I want to do a course on dementia, I think everyone should do; we are getting more clients with dementia". We spoke with the in-house trainer who showed us her plans for care staff training and the support she was providing new care staff on their induction. We saw that care staff were encouraged to request additional training where they felt they needed to improve their learning and arrangements were made to accommodate these requests where appropriate.

We saw that new care staff had been signed up to complete the care certificate [the care certificate is an identified set of standards that health and social care workers adhere to in their daily life] and were being provided with an additional three hours of support each per week to assist them in completing this. We also saw a training matrix was in place which highlighted training that care staff had attended and what training was outstanding. Care staff told us they were automatically booked onto refresher training.

Care staff told us that their induction prepared them for their role. They told us that as part of their induction, they completed manual handling training and that they were given a number of shadowing opportunities. Care staff confirmed that they did not have to go onto rota until they felt confident to work alone. The registered manager told us they were currently looking at recruitment and that they thought it would be more beneficial for care staff to shadow double up calls as the work involved was more complex and care staff could learn more. They told us, "When they [care staff] are on a single call on their own they will feel they can deal with anything after seeing how complex the double ups are".

Care staff told us they felt supported and received regular supervision. We saw that care staff practice was observed every three months which was followed up by supervision to feedback the observations and discuss any other development issues. The registered manager told us, "If we need to bring an observation or supervision forward, we will, if something is bought to our attention". Care staff did not receive an annual appraisal but told us they were happy with the current supervision arrangement and were given the opportunity to have their performance and training reviewed at their supervision meetings.

Care staff told us that communication was good between themselves and they kept each other informed of the changes in people's needs or additional information they had learnt. One member of care staff said, "We log everything and inform the office of any changes. Sometimes I'll leave a note in the book for the next care

staff member". However, care staff told us they felt that communication between themselves and the office could be better and one member of care staff told us, "I'm not always 100% confident that the information I share is always passed on to the right people, so I always double check myself". They provided an example of a person being admitted into hospital and they weren't informed. Other care staff told us they received a newsletter every month detailing things they needed to know. A member of care staff commented, "We are informed of a lot of things, but they rely on us to tell them if we have any issues". This meant that despite efforts made to keep care staff informed of generic issues, day to day communication between care staff and management was not as effective as it could be.

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.

People spoken with told us that care staff always obtained consent before providing their care. We saw that there were plans in place for care staff to receive training in the MCA and DoLs (Deprivation of Liberty Safeguards) as not all care staff had received training in these areas. However, care staff spoken with were aware of the need to obtain consent from people prior to supporting them and provided us with a number of examples to support this. One member of care staff told us, "I will go in and ask, how are you? Would you like a shower or wash today?" Care staff spoken with provided us with a number of examples demonstrating how they obtained people's consent prior to supporting them. Another member of care staff told us, "They are all individual, it really does depend on the service user".

Where people required assistance at mealtimes, they told us this arrangement worked well. One person told us, "They make me a sandwich and prepare vegetables for an evening meal" and another person told us, "If I need them to, they'll make me something". Care staff told us they would support people at mealtimes if required and make them a drink. One member of care staff told us, "Before you start a call with [person's name] they like their cup of tea first, then everything is ok!". Care staff told us they would prepare microwave meals of people's choosing or make them a sandwich if required. Where one person was on a gluten free diet, their care plan had recorded this.

Care staff were aware of the healthcare needs of the people they supported, and were aware of their responsibilities if someone became ill and they needed to contact the GP and their family. One member of care staff provided us with an example of a person who was diabetic and hadn't eaten. They recognised they weren't well, ensured they had a hot sweet drink and immediately contacted the office [who contacted the GP] and their relative. We also witnessed the registered manager receive a call from a GP in response to them raising concerns regarding a rash a particular person had. The registered manager arranged with the GP the time they would be conducting a home visit to the person and ensured that a member of care staff would be present during the call as the person had no family to support them. The registered manager said, "We want to make sure the doctor is aware of how bad it is, the person might not explain it themselves and doesn't like to make a fuss, but with the care worker there, they can tell the doctor exactly where the problem is and then pick up the prescription, if needed".

Good

# Is the service caring?

## Our findings

People told us that the care staff who supported them were kind and caring. One person said, "They are wonderful", another person said, "We get on all right and they are kind and caring" and another said, "They [care staff] are like friends". Relatives spoken with also commented positively about care staff. One relative told us, "They are kind and caring, I haven't found anyone who isn't".

Care staff demonstrated a caring nature towards the people they supported. One member of care staff told us how they tried to reassure a person new to the service when they first met. They told us, "They said they were frightened because they'd never had care before and I said, 'well it's my first day as well so that makes two of us, you help me and I'll help you'. Another member of care staff told us, "I have a little joke with them to make them feel comfortable".

A number of care staff spoken with had worked with the service for many years and had developed supportive, caring relationships with people and their carers. One member of care staff told us, "I've been supporting one person for six years, they complained because I'd been away for the weekend!"

People told us that care staff were supportive and encouraged them to retain their independence. One person told us, "They [care staff] encourage me to do things" and another person told us, "Yes they support me, it's made a big difference". Care staff were able to describe to us the support the provided to people and how they helped maintain their independence. A member of care staff told us, "We work with them and encourage people, if you know they can walk, then encourage them".

People told us they were involved in their own care planning and were supported to make their own decisions. They said care staff listened to them and worked in partnership with them in providing their care needs. One person told us, "Yes they [care staff] do listen to me". Where one person had some communication difficulties, care staff told us, "[Person's name] has very poor speech, I listen more closely and repeat back to them to make sure I've understood and they give me the thumbs up".

People told us that care staff referred to them by their preferred name and treated them with dignity and respect. One person told us, "I'm happy [with the service] it's how they treat you". A relative told us, "Yes they [care staff] have a chat and they use [relative's] first name which she likes". Care staff spoken with provided us with a number of examples of how they supported people with personal care and maintained their privacy and dignity, for example, closing curtains or covering people with a towel.

Care staff spoken with were not aware of any local advocacy services that people could access, but the registered manager told us if they felt someone needed access to such services they would contact social services.

Good

# Is the service responsive?

## Our findings

People told us that care staff knew them well enough to care for them the way they wanted, comments received in support of this were, "Yes, they help me in the right way" and "Yes [they know how to support me] because I've got two regular carers". Relatives told us that care staff were aware of their loved one's likes and dislikes and how they preferred to be supported. One relative commented, "They are very good".

People told us they had an assessment of their care needs prior to the service supporting them and usually received an introduction to their care staff before they started working with them. We saw that for those people who paid privately, care staff were able to meet with them before their package of care commenced to enable them to be introduced to each other before care started. For those people funded by the local authority or CCG [Clinical Commissioning Group], we were told that systems did not allow this type of introduction and that the first people saw of their carers was on the first day they started their care package. In-spite of this, the registered manager and care staff told us how they worked with people and their relatives to build up a picture of people whilst supporting them and would gather as much information as they could from their relatives. They told us they would share this information between each other. A member of care staff told us, "Sometimes we have limited information, they [management] give us whatever they've got; and we are encouraged to tell them about everything we learn". Another member of care staff told us, "We log everything and inform the office of any changes".

People confirmed that care staff had got to know them and their views had been sought in the planning of their care and at reviews. One person told us, "I'm very happy [with the service], they take heed of what I say and do it right". We saw that as part of the pre-assessment process, people were asked their preferences with regard to whether they wished to receive support from male or female carers. We saw that care plans and risk assessments were reviewed every 12 months or sooner if people's care needs changed and that people were involved in this. A member of care staff told us, "We will ask, 'what has changed with [person's name]?' as part of the review". Care staff spoken with were able to provide us with a good account of people's needs and how they liked to be supported.

People told us they were happy with the service they received. One person told us, "Yes [I'm happy with the service] because they are friendly and we can have a laugh" and another person told us, "I feel like I can trust them [care staff] and they're supportive".

People spoken with told us they knew how to make a complaint and were confident that if they did, it would be dealt with appropriately. Care staff told us that if people raised a complaint with them if they couldn't sort it out there and then, they would report the matter to the office. Where people had contacted the service to raise a complaint, they told us it had been handled appropriately with a positive outcome. We saw that one complaint had been received and had been responded to according to the service's own complaints procedure. We saw that the complaint had been investigated and upheld and disciplinary action had taken place following this and an apology was provided to the family. The registered manager had offered to meet with the complainant to provide additional information but this offer had not been taken up.

Requires Improvement

# Is the service well-led?

## Our findings

The registered manager told us her biggest challenge was keeping on top of paperwork. She told us "I know what I want to do but it's getting the time to do it and get care staff involved".

We saw several audits were in place to ensure paperwork was being completed, but they failed to identify a number of areas that came to light during the inspection. For example, there was no evidence of medication audits taking place, despite the registered manager telling us that another member of care staff was responsible for this. We saw that care files held care plans, but the information the carers told us was not in the care plans. For one person who was receiving end of life care, there was very little information in place to advise care staff how to support the person. We discussed this with the manager, who told us she recognised there was a need for more information on the file and would be arranging to rectify this.

We discussed with the registered manager the effectiveness of the communication of the service between care and office care staff and the concerns raised by care staff regarding poor communication. We saw where calls had come in logging comments/concerns/actions, they were placed on the computer system but there was no evidence that some of this information had been passed onto care staff or recorded in people's files. Care staff spoken with also raised concerns regarding the communication system that was in place between themselves and office care staff. This meant that care staff were not always in receipt of the most up to date information regarding the people they supported. We were told that previously there had been a communication book in place for all office care staff to use that was very effective but no one in the management team could understand why this method of recording had ceased. The registered manager told us she would be re-introducing a communication book into the office the next day.

People spoken with talked positively about the service and told us they considered it to be well led. One person told us, I'm quite pleased with the service" and another person said, "I would recommend them because I like the way they work and the quality of the care". People told us that they had met a 'senior person' and found them to be approachable. They told us they had no concerns with regard to contacting the office and that their experiences in this respect were positive. One person said, "They are all very nice" and a relative commented, "They are lovely people".

Care staff spoken with told us they considered the service to be well led and felt supported in their role. One member of care staff told us, "I feel we run a really good agency". The registered manager and a number of care staff had worked at the service for a long time. When we met with five care staff we were told that there were 66 years of service held between them. Care staff felt well supported and complimented the new in-house trainer on her training technique. We saw that care staff were motivated and were aware of their roles and responsibilities. Care staff told us they enjoyed their work and found it very rewarding. One member of care staff told us, "I love it [the job], we don't do it for the money, we do it because we care, it's very rewarding".

Care staff told us they felt listened to and were encouraged to raise any concerns they may have regarding general issues in the service. The registered manager told us, "We are quite open and if care staff need

anything they come and see me, unhappy care staff equals unhappy service users". We saw that care staff meetings took place every 12 months and newsletters were sent out on a monthly basis to care staff to keep them up to date with any changes in the service. A member of care staff told us, "We get a newsletter every month with things we need to know. We are informed of a lot of things". The registered manager told us, "I do feel supported, I've got a good team around me".

People spoken with told us they would recommend the service, one person told us, "Yes I would because they are so friendly and they'll do anything I ask" and a relative commented, I would definitely recommend [the service], I think they are professionally run".

People told us they had been given the opportunity to provide feedback as the service had been in touch with them on a regular basis. The provider told us in their PIR that they planned to increase the number of 'customer satisfaction' surveys during the year. We saw that feedback forms were sent out every 12 months before Christmas. We discussed this with the registered manager, she told us, the response to the forms wasn't as good as she had hoped, so she had decided to send them out every six months. She told us, "I would hate to think there's something happening out there I don't know about". We saw that for new packages of care, telephone monitoring was also taking place after three months to see how things were going and how people were getting on. We saw the results of the last customer satisfaction survey and people replied with positive comments. The registered manager told us that there was no actual analysis of the findings of the surveys, but individual concerns were responded to and actioned.

The service had a history of meeting legal requirements and had notified us about events that they were required to by law.