

Nova Payroll Management Limited

Pinpoint Health & Homecare

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 

Overall summary

This was an unannounced inspection which we carried out on 26 February and 7 April 2015.

This was the first inspection of the agency since it became registered with the Care Quality Commission (CQC) in March 2014.

Pinpoint Health and Homecare is a domiciliary care agency providing care and support to people in their own

home. The agency provides 24 hour personal care and support to some people with complex health care support needs. It is registered to deliver personal and nursing care.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Due to their health conditions and complex needs, not all of the people who used the service were able to share their views about the support they received.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

People told us they felt safe. They were relaxed and appeared comfortable with the staff who supported them. One person said, "The staff keep me safe, they know me."

The provider had plans in place to deal with emergency situations through the use of an on call out of hours system, manned by senior staff.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs.

People who used the service had food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been cooked by staff.

Staff knew the people they were supporting well and we observed that care was provided with patience and

kindness and people's privacy and dignity were respected. A person commented, "The staff are always polite and pleasant." People told us they were not always informed when there was a change in their care team so they were unaware of the change until another worker arrived. They were also not always informed by the main office if a care worker was going to be delayed.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

People were supported to maintain some control in their lives. They were given information in a format that helped them to understand if they did not communicate verbally. This encouraged their involvement in every day decision making.

A complaints procedure was available and people we spoke with said they knew how to complain and most said they had not needed to. Where complaints had been received they had been satisfactorily resolved.

The provider undertook a range of audits to check on the quality of care provided. Senior staff undertook regular spots checks on care workers to ensure they were providing appropriate care.

People had the opportunity to give their views about the service. There was regular consultation with people and/or family members and their views were used to improve the service. We saw there were regular meetings to ensure staff were kept up to date about any changes.

Summary of findings

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.

People were kept safe as systems were in place to ensure their safety and well-being at all times. Risk assessments were in place regarding the delivery of care in people's own homes.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

Appropriate checks were carried out before staff began work with people.

People's medicines were managed appropriately.

Good



Is the service effective?

The service was effective.

Staff confirmed they had access to training and the provider had a system in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate health care.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

Good



Is the service caring?

The service was caring.

Relatives and people we spoke with were complimentary about the care and support provided by staff. However some people told us they were not always informed if there was to be a change to their worker or if the worker was delayed.

People's rights to privacy and dignity were respected and staff were patient as they provided support.

People were encouraged and supported to be involved in daily decision making.

People's preferences and choices were in place for their end of life care.

Good



Is the service responsive?

The service was responsive.

People were encouraged by staff to maintain some awareness and control in their lives.

People received support in the way they wanted and needed because staff had guidance about how to deliver people's care.

Care plans were in place and up to date to meet people's care and support requirements.

Good



Summary of findings

People had information to help them complain.

Is the service well-led?

The service was well-led.

A registered manager was in place. Staff told us the registered manager was supportive and could be approached at any time for advice.

Staff said they were aware of their rights and their responsibility to share any concerns about the care provided by the service.

The registered manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Good



Pinpoint Health & Homecare

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 26 February and 7 March 2015 and was unannounced.

The inspection team consisted of an adult social care inspector.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted local

authority contracts teams, local authority safeguarding adults' team and local Clinical Commissioning Groups. We used their comments to support our planning of the inspection.

We spoke on the telephone with a person who used the service and four relatives. We also visited two people in their own homes to obtain their views on the care and support they received. We spoke with three care managers and two healthcare professionals to gather their views about the service provided. We interviewed four staff members, an administrator and the registered manager for the service.

We reviewed a range of documents and records including; three care records for people who used the service, four records of staff employed by the agency, complaints records, accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Is the service safe?

Our findings

People we visited and spoke with on the telephone told us they felt safe when receiving care. Comments from people included, "I like the staff, I feel safe with them looking after me." And, "The staff keep me safe."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They told us, and records confirmed they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs. They described when a safe guarding incident would need to be reported.

Staff told us they attended training courses such as health and safety and fire safety to make them aware of safe procedures and to help keep people safe.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, for falls and nutrition to keep people safe. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to

staff at the office. We were told all incidents were audited by the responsible person at the office and action was taken by the registered manager as required to help protect people.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. One person said, "I know who to contact if I have a problem."

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. Suitable checks and support were in place to ensure the safety of people who managed their own medicines.

We spoke with members of staff and looked at four personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS), which checks if people have any criminal convictions which makes them unsuitable to work with vulnerable people, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

Is the service effective?

Our findings

Staff were positive about the opportunities for training. Comments included; “There’s plenty of training.” “I get much more training than at the last place I worked.” And, “I can request training courses.” Most people we spoke with said staff were trained to support them. One relative commented, “Staff didn’t know how to use the specialist moving and assisting equipment until we showed them.” We spoke with the registered manager about this and they commented staff were trained to use such equipment but they would speak to the relative.

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work. The registered manager told us staff were matched with people they worked with to make sure they were compatible and they said this matching exercise was “usually successful” to ensure people “got on together” as well as to make sure staff had the necessary skills.

The staff training records showed staff were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people’s needs and this included a range of courses such as; distressed behaviour, stoma care, signing, palliative care, Percutaneous Endoscopic Gastrostomy (PEG) training. PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines. The registered manager and staff told us they were trained and assessed by a relevant specialist nurse to ensure they were competent to carry out the specialist task. Respiratory nurse specialists, not employed by the agency, also provided training and advised about the needs of people who used a tracheostomy or mechanical ventilation for breathing.

Staff said they received supervision from the management team, to discuss their work performance and training needs. One person said; “I have supervision regularly, usually every three months.” Staff told us they had regular

supervision to discuss the running of the service and their training needs. They said they could also approach the registered manager and care co-ordinators in the service at any time to discuss any issues.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA. They had a good understanding of the MCA and best interest decision making, when people were unable to make decisions themselves.

People who used the service were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their ‘best interests’. People told us care workers always asked their permission before acting and checked they were happy with the care they were providing. At a home visit we saw a care worker checked the person was happy for her to proceed as she provided support to the person. We saw people’s care records contained signed consent forms and care plans were signed by them or their representatives to keep them involved.

Records showed people who used the service were supported by staff to be involved in all aspects of decision making about their care and treatment. People we spoke with said they were fully involved in decision making about their care and treatment needs. One person said, “The staff can come with me to appointments and they will explain if there is anything I’m not sure about.” Another person said, “I ask the staff if I need more information.”

We checked how the staff met people’s nutritional needs and found people were assisted to access food and drink appropriately to meet their needs. People told us staff were helpful in ensuring they had plenty to eat and drink. They said they would prepare or heat meals for them and made sandwiches and snacks for them to eat later. People also received care to support them in activities of daily living. For example, we saw a staff member helped a person to prepare their meal. The person said, “I choose what I want

Is the service effective?

to eat and I help cook it.” Where people had been identified as at risk of poor nutrition staff completed daily ‘food and fluid balance’ charts to record the nutritional intake of the person.

People’s well-being was supported and maintained. Staff told us they would contact the community nurse or a person’s general practitioner if they were worried about them. A community nurse commented, “Communication is good. Staff are good at letting us know.” People told us they had access to other professionals and staff worked closely with them to ensure they received the required care and support. People’s care records showed that staff liaised with GPs, dieticians, occupational therapists, palliative care staff and other personnel. The relevant people were involved to provide specialist support and guidance to help

ensure the care and treatment needs of people were met. For example, a nurse from a local hospital had been involved to provide training about the use of a PEG to show staff how to feed a person.

Staff told us there was a comprehensive staff handover. They said there was an appropriate transfer of information from staff as they changed shift. Detailed information was given verbally in relation to the person’s symptoms, personal care and any changes to their condition. This meant that staff had information at handover so staff who were taking over and coming on duty were immediately aware of the person’s well-being and needs. This was supported by a communication sheet detailing the assessed needs of individuals. Staff told us that it was usual for an extensive handover as people’s needs changed and good communication skills were required to keep them informed and provide continuity of care.

Is the service caring?

Our findings

People told us staff were kind and caring. Comments included, “Staff are like friends.” “Staff listen to what I want to say.” “I have good relations with my care workers.” “Staff will do anything for me, they’re very helpful.” And, “The staff are very thorough.” Relatives commented, “My (name) received a brilliant service. “I found the staff were kind and helpful.” And “I enjoy working with the staff.”

People we visited appeared relaxed and comfortable with the care provided. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people’s needs and preferences which showed they knew people well. The registered manager said she created a staff team to work with each person to help ensure consistency of care for the person. People who used the service were pleased with the care they received. They thought staff seemed knowledgeable about their care needs and family circumstances and knew how to look after them. One person commented, “The staff are very kind and attentive.”

All people we spoke with told us they had received information about the care they were to receive and how the service operated.

The registered manager told us people received a copy of their roster every month which indicated which care workers would be providing care and support. However, two people told us they were not always informed when there was a change in their care team so they were unaware of the change until another worker whom they did not know arrived. They were also not always informed by the main office if a care worker was going to be delayed or unable to visit. This meant communication was not always effective to make sure people were aware of changes to their care and support. This was discussed with the registered manager who said it would be addressed.

People told us they were involved in their care and in discussing what care and support they required. They said they were fully aware of their care plans which were kept in their house. They also said they were consulted and offered choices about their daily living requirements. Staff took into account the views of people with limited or no ability to verbally communicate. They offered them choices in ways that helped their comprehension and communication. For example, by explanation and signs.

People’s privacy and dignity was respected. Staff asked people’s permission before carrying out any tasks and consulted them with regard to their support requirements. For example, one staff member asked the person if they should go outside so the person could have a private conversation.

Staff told us relevant people were involved in decisions about a person’s end of life care choices. For example, a person had an end of life care plan in place that had been discussed with the person, their family and the GP. The person and staff were supported by the specialist palliative care team. A health care professional we spoke with said, “Staff will do what’s needed for the person they’re supporting and they let me know if their condition changes.”

The registered manager told us advocates were involved for people. She said some people who purchased their own care were referred to the agency by an independent advocacy scheme. An advocate would also become involved where a person needed to have additional support whilst making decisions about their care. Advocates can present the views for people who are not able to express their wishes.

Is the service responsive?

Our findings

People we spoke with said they were involved in discussions about their care and support needs. Comments included; "We have meetings to discuss how things are going." "The manager came to visit me before I started to use the service." "Staff come round and have a chat to see how everything is going." And, "The staff are great. They will do anything and offer to do things without being asked."

Records confirmed that assessments were carried out before people used the service to ensure that staff could meet their needs. Assessments were carried out to identify people's support needs and they included information about people's medical conditions and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported and knew them well. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person said, "The staff are really helpful." The registered manager described a 'Dyno Box', an aid for communication which was used by a person who did not have speech. The staff had worked with other professionals who had developed the aid and they had been able to contribute to ensure the programmes in the 'Box' were individual for the person. For example, it included the person's favourite restaurant.

Records we looked at showed care plans were in place that reflected the current care and support needs of people. Care plans provided some detail for staff to give care and support to people in the way they preferred. Care workers were involved and contributed to care plans, as they provided the direct care to people and knew how people liked their care to be delivered. The registered manager told us people with complex health needs had their care plans reviewed by nurses to ensure their medical needs were being met appropriately.

People told us their care was reviewed on a regular basis and could be changed if they needed it to be. They told us they were involved in meetings when they were well enough. Relatives we spoke with said they were involved in review meetings to discuss their relative's care needs, and their relative's care was discussed on an on going basis. Records showed that regular reviews or meetings took place for people to discuss their care and to ensure their care and support needs were still being met. For example, there was a regular meeting to ensure all care and support arrangements were appropriate to ensure someone who was receiving palliative care was kept comfortable and free from pain. Care managers we spoke with told us the service was responsive to changes in people's care requirements. One person commented, "The staff are very thorough, they will let me know if they are concerned about the person." Another person said, "The service was haphazard to start with and disappointing but it is much better now." Staff told us they kept up to date with people's care needs by reading through care records. They also told us changes in people's care was passed on to them through the agency's office. One person commented, "Communication is usually very good and we are given enough information about people's needs."

People we spoke with said they knew how to complain and most said they had no reason to. One person said; "If I needed to complain I know how to." Another person said; "I'm quite happy with the care my relative gets so I have no need to complain." The agency's complaints policy provided guidance for staff about how to deal with complaints. People received information about how to complain in the information pack they received when they started to use the service. A record of complaints was maintained however, we saw no complaints had been logged despite three people telling us they had contacted the office to raise concerns. The people told us these had been dealt with appropriately. We discussed this with the registered manager who said she would ensure any future complaints or concerns received were logged for quality assurance purposes.

Is the service well-led?

Our findings

The service is well-led. A registered manager was in place. She had become registered with Care Quality Commission in 2014. The registered manager, who was also the registered provider, understood their role and responsibilities. They had ensured that notifiable incidents were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example, safeguarding.

Staff said they felt well-supported. Comments included, "The registered manager is supportive. My confidence has increased since I started work here." "The manager is always available." "If I get in touch with the office, management will listen to what I have to say." And, "I can get on with the job, but I know people are there if I need help." Another person commented, "It's a very good company to work for." And, "(Name) is one of the best manager's I've had."

Staff received a company handbook when they started to work at the service to make them aware of conditions of service.

Staff commented they thought communication was good and they were kept informed. Staff who provided 24 hour support to people told us they received a handover from the staff member at the change of duty to make them aware of any changes and urgent matters for attention with regard to the person's care and support needs. A communication sheet was also used to pass on information and record any actions that needed to be taken by staff in order to ensure the person's well-being. Staff said they would get a phone call from office staff of any urgent changes with regard to people's rosters. The registered manager said office staff had a daily meeting to discuss the requirements of the day to ensure the smooth running of the service and a monthly manager's meeting also took place.

Meeting minutes showed monthly meetings, led by team leaders, took place with staff to co-ordinate effective care delivery to people. Agenda items included, infection control, communication and training requirements in any areas of care specific to individual people. The meeting minutes also showed staff were responsive to people's changing needs, for example as their condition deteriorated and they reached the end of life. The registered manager told us general staff meetings did not take place currently because of the difficulty in organising attendance for staff working in different geographical areas. She told us she wanted to introduce smaller general meetings to make it easier for staff to attend and for them to receive information and updates.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included; the environment, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken. The annual audit was carried out to monitor the safety and quality of the service provided.

The registered manager, people who used the service and staff told us the management team carried out quality assurance visits to people who used the service and their representatives. These meetings provided an opportunity to discuss their views of the service they received and the way care was provided. Staff confirmed there were regular spot checks carried out including checks on general care, moving and handling and the safe handling of medicines.

The registered manager told us questionnaires were sent to people who used the service six monthly to comment about their experience of care provided by the agency. We were told the results were audited by the agency and any action would be taken if required, as it was a new service audit results were not yet analysed and available at the time of inspection. People's comments to us included, "The staff are friendly and efficient." Another person said, "The service is very good."