

Carepoint Services Limited

# Carepoint Services Ltd (Croydon)

## Inspection report

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Date of inspection visit:  
17 August 2021

Date of publication:  
03 September 2021

## 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 Ltd (Croydon)) is a domiciliary care agency that provides personal care to people living in their own houses, flats and specialist housing in the community. 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 this, we also take into account any wider social care provided. At the time of our inspection there were 77 people using the service.

### People's experience of using this service and what we found

People were safe. Staff had been trained to safeguard people from abuse. They understood what the risks were to people's safety and wellbeing and what they should do to keep people safe. There were enough staff at the time of this inspection to support people using the service and meet their needs.

Recruitment and criminal records checks had been undertaken on new staff to make sure they were suitable to support people. They could only work alone with people once the provider was satisfied they were competent. All staff received relevant training to help them meet people's needs. Staff were well supported by senior staff and had regular supervision through which they were encouraged to learn, develop and improve in their role.

Staff followed current practice to reduce infection and hygiene risks within people's homes. They helped people keep their homes clean and hygienic.

People were involved in planning their care and support and could state their preferences for how this was provided. People's records reflected their needs and preferences. People were supported to be as independent as they could be with daily living tasks.

Staff were kind and caring and respected people's rights to privacy, dignity and independence. They knew people well and understood how their identified needs should be met. People were encouraged to talk about the activities and interests that were important to them and supported to maintain relationships with the people important to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to take their prescribed medicines and staff made sure people could access support from healthcare professionals when needed. Staff encouraged people to eat and drink enough to meet their needs.

People had positive experiences of using the service and were satisfied with the care, support and

communication received from them. Senior staff obtained their feedback at regular intervals about how the service could continue to improve.

Senior staff were open and transparent. They made sure accidents, incidents and complaints were investigated and people kept involved and informed of the outcome. They undertook audits and checks at regular intervals, to monitor, review and improve the quality and safety of the service and addressed any issues found through these checks.

Senior staff worked well with other agencies and healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

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

#### Rating at last inspection

This service was registered with us on 24/02/2020 and this was the first inspection.

#### Why we inspected

This inspection took place in part based on the length of time since the service registered with the CQC. We had also received some concerns about the safety of the support provided to people and management and leadership at the service. A decision was made for us to inspect and examine those risks during the inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We also looked at infection prevention and control measures under the safe key question. We look at this in inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 Ltd (Croydon)

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team:

This 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:

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the CQC. 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 provider 24 hours' notice to enable them to ensure they could accommodate an inspection as safely as possible. Inspection activity started on 17 August 2021 and ended on 24 August 2021.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including six people's care records, medicines administration records, five staff records and other records relating to the management of the service.

After the inspection:

We spoke with three people, two relatives and a health care professional about their experiences of the service. We also spoke with two care support workers. We continued to speak with the registered manager and nominated individual and sought clarification about the evidence gathered. We also reviewed additional documentation relating 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 newly registered 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

- People were safe. One person told us, "I do feel safe...they treat me very safely."
- Staff had been trained to safeguard people from abuse. Senior staff checked at supervision meetings that staff remained confident in recognising signs that might indicate a person maybe experiencing abuse and how to escalate their concerns.
- The registered manager understood their responsibilities to liaise with the local authority when a safeguarding concern about a person was reported to them. We saw two recent examples where they had done this, in line with current guidance and practice.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were well managed. One person told us, "They operate safely and are trained and competent and are always polite."
- People's records contained information about identified risks to their safety and wellbeing. There were plans for staff to follow about how to manage these risks to reduce the risk of harm or injury to people and others.
- Staff understood these risks and the action they should take to support people to stay safe. A staff member told us one of the people they supported was at risk of falls due to their reduced mobility. They explained what they did to reduce the risk of this happening, whilst letting the person retain as much independence as possible when moving around their home and in the community.

Staffing and recruitment

- There were enough staff to meet the needs of people using the service. Staff were allocated to scheduled care calls in advance. For people who wanted this, rotas were shared with them so they knew who to expect and when.
- People did not have significant concerns about the timeliness of their scheduled care calls. A relative said, "They are always on time."
- There were systems in place to let people know if staff were running late to a scheduled call. One person told us, "Occasionally there's a problem but they ring and we know if they're are going to be late. It doesn't happen very often."
- The provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure only those suitable were employed to support people.

Using medicines safely

- People received their medicines safely and as prescribed. A relative told us, "[Family member] has

medications in blister packs and they administer them. They complete the MAR (medicines administration record) chart and everything is fine."

- Where the provider was responsible for this, they made sure people's records contained information about their prescribed medicines and how they should be supported with these. This helped staff make sure people took these in a timely and appropriate way.
- Staff had been trained to administer medicines. They recorded the medicines people were given and when on people's individual MARs. Our checks of records showed people consistently received the medicines prescribed to them.
- Staff's competency to safely administer medicines was assessed at spot checks and through an annual refresh of their skills and knowledge. Any issues identified with their practice were promptly dealt with by senior staff who made sure staff were provided further training and ongoing support to help them learn and improve.

#### Preventing and controlling infection

- Staff followed current guidance to keep people safe from the risks associated with poor infection control and hygiene.
- Staff used personal protective equipment (PPE) safely and effectively and people confirmed this. One person told us, "They all wear their PPE."
- Staff supported people to keep their homes clean and hygienic to prevent the spread of infection.
- The provider's infection prevention and control policy was up to date and had plans in place to make sure infection outbreaks could be effectively prevented or managed.
- Staff had been trained in food hygiene practices to help them reduce risks to people of acquiring foodborne illnesses when preparing and serving food.

#### Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents.
- Senior staff investigated accidents and incidents. They took action when this was needed to reduce the risks of these reoccurring, to keep people and others safe.
- Senior staff shared learning with staff to help them reduce safety risks. We saw recent examples of this where staff were provided extra support and guidance on how to keep themselves safe when working alone and managing people's finances in an appropriate way.



# 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

- Assessments had been carried out with people prior to them using the service. Senior staff had asked people for information about their medical history, healthcare conditions, their care needs and the outcomes they wished to achieve from the support they received. This helped senior staff plan and deliver care and support people required.
- People had been able to state their choices about how, when and from whom support was provided and this information had been included in their care and support plan. For example, some people had specified they only wished to be supported by female staff and senior staff made sure they were.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs. Training was refreshed at appropriate intervals so that staff stayed up to date with current practice. During the current COVID-19 pandemic, staff received additional training and support at regular intervals to help them stay up to date with current practice and guidance as this changed frequently during this period.
- New staff were required to successfully complete a period of induction. During this period senior staff assessed their skills and knowledge to make sure they were competent to work alone with people.
- Staff had supervision meetings with senior staff to support them in their role and to identify any further training or learning they might need. They were encouraged to achieve relevant qualifications in health and social care to support their professional development.
- Senior staff used feedback obtained from people through quality monitoring checks to help staff improve the quality of support they provided.

Supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Where the provider was responsible for this, people were supported to eat and drink enough to meet their needs. People's records set out their dietary requirements and the support they needed with these.
- Staff recorded what people ate and drank at each care call. This helped senior staff monitor staff were providing appropriate support and to identify any issues people may be having with their fluid or nutrition intake. This was so that appropriate support could be sought for them in these instances.
- People were supported by staff to manage their health and medical conditions. People's records contained information for staff about how they should do this.
- Staff were observant to changes in people's health and wellbeing and sought support for this where appropriate. They sought the advice and support of health care 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make and consent to decisions about specific aspects of their care and support had been assessed and recorded on their records.
- There were processes in place where if people lacked capacity to make specific decisions the provider would involve people's representatives and healthcare professionals to ensure decisions would be made in people'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; equality and diversity

- People were looked after well by staff who were caring and kind. One person said, "They do treat me with courtesy and respect...they are very kind and caring." A relative told us, "They deliver [family member's] care in a way that is right for her and they are very kind and considerate."
- People received support, wherever possible, from the same staff so that the care they received was consistent. One person said, "I have pretty well the same staff team all the time." A relative told us, "[Family member] gets the same people every time. They treat her like a relative and not as a service user. They bake her cakes on her birthday and that sort of thing. They treat her like a sister or an aunt."
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded so that staff had access to information about how people should be supported with these. People could also state how they wished to identify in terms of their sexuality and preferred gender and how staff could help support them with this, for example, by the way they wished to be addressed and the clothes they chose to wear.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People had been supported to express their views and be involved in making decisions about the care and support they received. One person told us, "I've been involved in making decisions about my care...I've made my own care plan. They go by what I have written."
- Senior staff obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs. People were encouraged to request changes they wanted to their care and support and senior staff made sure these were made.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. One person told us, "I do have a care plan, but there are some things on it that I don't let happen because I'm trying to keep my independence. Things like washing myself. I'm doing that myself at the moment."
- Staff respected people's privacy and dignity. One person told us, "They always ask permission to do whatever they are going to do... they are very polite and lovely."
- People's records prompted staff to support people to undertake as much of the tasks of daily living as they could. A staff member told us how they helped people to do this and said they only stepped in to provide support if people could not manage a task safely.

- Senior staff used spot checks on staff to seek assurances staff were treating people with dignity and respect when providing care and support. Recently undertaken spot checks showed people agreed that staff did.

# 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; support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- People were able to choose and maintain control over how their care and support was provided. People's records were current, contained detailed information about them and reflected their preferences and choices for how and when they received support, taking account of their specific needs. This helped to ensure people received support that was personalised and tailored to their needs.
- Staff understood how people wished to have their care and support provided. One person said, "The support is how I want it to be. They do what I want not what they think I want." A staff member gave us examples of how they provided care and support to people in the way people preferred.
- Staff recorded the care and support they provided to people after each care call. This meant senior staff could check and monitor staff were providing the care and support planned and agreed with people.
- People's records contained information about their hobbies and interests to help staff get people talking about topics and subjects that they cared about. A relative told us, "They are friendly and sociable with [family member] and also do a sitting service once a week."
- People's records also contained information for staff about the important relationships in people's lives and how people should be supported to maintain these.

### 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 had been discussed, recorded and highlighted in their records. People's records prompted staff to support people with their communication needs when providing care and support, for example, by making sure people had their communication aids to hand when needed, such as their glasses or hearing devices.

### Improving care quality in response to complaints or concerns

- People had no issues or concerns about the service at the time of this inspection. Comments we received included; "I am treated very, very well. I have no complaints whatsoever."; "[Family member's] had the service about two years...they are excellent. [Family member] thinks so and so do we. They are far better than any we've had before."; "They are really helpful...I would recommend them, definitely, they always get it right."; and, "They always rise to the challenge and leave me happy and satisfied at the end of the day."
- People were encouraged to raise concerns and when they did, we saw these were dealt with appropriately

by senior staff. A relative told us, "If there is a problem with a carer, the management give great customer service. They are very professional and so accommodating."

- There were arrangements in place to deal with formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.

#### End of life care and support

- People were asked about their wishes for the support they wanted to receive at the end of their life at the time of their initial assessment. Where people had stated their wishes, this was recorded on their records. This helped to ensure that staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

# 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.

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

- The provider made sure all staff understood their roles and responsibilities to people using the service.
- Senior staff undertook regular monitoring visits and telephone calls to check people were receiving safe, high quality care. Outcomes from recent checks showed people were satisfied with the care and support provided by staff.
- Senior staff also undertook audits and checks to monitor and review the quality and safety of the service. When issues were identified through these checks, action was taken to address these including supporting and encouraging staff to learn and improve their working practices

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Senior staff had been open about things that had gone wrong and proactive about putting things right. They investigated, accidents, incidents and complaints and made sure people were kept involved and informed of the outcome. When the outcome of investigations found care and support had not been provided to the required standard, people were offered an appropriate apology.
- The registered manager understood their responsibility for notifying CQC of events or incidents involving people. This helped us to check they had taken appropriate action to ensure people's safety and welfare in these instances.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was focussed on people receiving high quality care and support. Senior staff used spot checks, monitoring visits and telephone calls to check care and support was delivered by staff to the expected standard. Any concerns identified through these visits were addressed promptly with staff.
- The provider had an employee recognition scheme which rewarded staff for delivering good quality care and support as a way of motivating staff to achieve positive results in their working practices.
- People spoke highly about management and leadership of the service. One person told us the registered manager was, "Very helpful and they do whatever they can... the communication is very good...I would recommend the agency if they could all have carers as good as the ones I have!". A relative told us, "Communications are easy. I talk to them by phone, email and text and also text carers. They keep me up-to-date with any developments or issues they find." Another relative said, "They are very good and always there

to speak to. Always have time for you and they 100% always get back to you if they can't speak to you initially. It's essential. Good communication is everything."

- People's views about the service and their suggestions for improvements had been sought and acted on. We saw an example of this where the nominated individual had written to people after the last customer satisfaction survey to say what improvements the service would make in response, including improving the quality of information provided and communication with people.
- Staff's views about the service had also been sought and senior staff had developed an action plan to make improvements that staff wanted. One staff member told us, "The company are nice and easy-going. The manager is great. If I have any problems, I can go to her she's always there. She's supportive and very accessible."

#### Working in partnership with others

- Senior staff worked proactively with healthcare professionals involved in people's care. They acted on their recommendations and advice to design and deliver care and support that met people's needs.
- A health care professional told us, "The service is involved with a few of my clients and they really are amazing. The manager came in to see me and she was really helpful. They will also engage in smaller packages such as starting off as an hour per week. This is so helpful especially for people who can't afford much. They are brilliant with [person using the service] and they step up to the mark."