

Onpoint Homecare Ltd

# Onpoint Homecare Ltd

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Onpoint Homecare Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection there were 28 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 26 people were receiving support with personal care.

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

People were supported by staff who understood risks to each person and how to support the person to manage those risks. Staff understood their responsibilities around the recording and reporting of safeguarding and were able to recognise signs of abuse. There were enough staff to support people and staff had been recruited safely. People received their medication as prescribed and staff had received training and competency checks to ensure medicines were given safely. Staff kept up to date with government guidance around infection prevention and control practices and staff wore personal protective equipment (PPE) when supporting people.

Staff had assessed people's needs in line with standards, guidance and the law. People's care plans gave staff a detailed history of the person they supported. People received support from staff that had received an induction into the service and regular training in areas that were relevant to people. Staff worked in partnership with other health and social care professionals to ensure that people received joined up and consistent care and support. 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 by staff that were kind, caring and took an interest in people's lives. Staff spent time speaking with people and understood what was important to people. People were supported by staff to make their own decisions about their care and support. Staff spoke positively about people and about spending time in people's company. Staff encouraged people to be as independent as possible.

People and their relatives told us that people received person-centred care from staff that knew them well. People's care plans gave clear guidance for staff on how people wanted to receive support. Staff were able to tell us the various ways they communicated with people and this information was clear in people's care plans.

Staff were led by kind, caring leaders who encouraged regular feedback from people and their relatives. People and their relatives told us that staff regularly made a difference and brightened up their day. There were quality assurance processes in place that the registered manager used to monitor the service. Staff,

people and their relatives felt involved in the running of the service.

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

#### Why we inspected

This service was registered with us on 9 October 2020 and this is the first inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Onpoint Homecare Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 May 2022 and ended on 27 May 2022. We visited the location's office on 26 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three people's relatives. We spoke with five members of staff which included the registered manager, care co-ordinator and care staff. We reviewed five people's care and medication records as well as a range of documents related to the monitoring of the service provided.

# 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 of 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, Learning lessons when things go wrong

- Staff understood the principles of safeguarding people from abuse and were knowledgeable about recognising and reporting abuse. One staff member told us, "We protect clients wellbeing and human rights and keep them away from harm, abuse, self-neglect. If I thought abuse was happening, I would record and report to the manager. If there were no actions taken or I was unhappy with the actions, I would tell the local authority safeguarding team. Depending on the issue I may need to tell the police."
- Safeguarding concerns had been appropriately raised with the Local Authority Safeguarding Team and had been investigated and documented by the registered manager. Safeguarding concerns raised were discussed with staff in supervisions and were on the agenda for the upcoming staff meeting.
- People's relatives told us that staff knew how to keep people safe. One person's relative told us, "The staff work really hard to keep [person] safe. We have been so lucky to find these carers."

Assessing risk, safety monitoring and management

- Risks to people were identified and managed by staff. People had risk assessments in place which detailed what the risk to the person was and how staff should support the person to manage that risk. For example, where people were at risk of falls, instructions for staff on how to support the person to walk safely and minimise the risk of falls were clear.
- People with health conditions had risk assessments in place for how staff should support the person. For example, for one person with epilepsy, their risk assessment detailed that they had not had a seizure for many years and that the person understood the risks of not taking their medication regularly.
- Where people were at risk of skin damage from pressure sores, people's care plans explained how staff should support the person to maintain their skin integrity. Where people needed support to reposition, instructions for staff were clear on how to support the person. Staff were knowledgeable about people's risks and how to support them. One staff member told us, "We help [person] to reposition on different sides each call. We keep an eye on their skin and tell the nurses if there's any problems."

Staffing and recruitment

- There were enough staff to support people safely and staff were given time to support people. Staff told us, "We have enough staff to cover the levels of care we provide. Everybody seems happy with us and we are happy for that."
- People told us that staff were normally on time for their calls and would ring if they thought they were going to be late. The registered manager received an alert on the care system if staff did not log in to calls, this meant the registered manager could respond promptly to any late or potentially missed calls.
- Staff were recruited safely. The registered manager undertook checks before staff began working at the service, this included references from previous employers and Disclosure and Barring Service checks.

Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People's care plans detailed where people stored their medication in their homes, whether staff were responsible for administering or prompting medication and how the person chose to have their medicines.
- Staff that supported people with their medicines had received training and competency checks in administering medication. One staff member told us, "I had training for medicines. I watched someone do medicines and did training online." Staff told us that competency checks included, "Checking the six rights were being followed, whether consent was asked for and whether appropriate PPE and handwashing was being observed." The six rights are principles of guidance used to ensure people receive their medicines safely; right resident, right medicine, right route, right dose, right time, person's right to refuse.
- People's medication administration records (MARs) showed that people received their medicines as required. Staff recorded in people's daily notes that people had their topical creams applied in line with prescribing instructions, however these creams were not on people's MARs. We received confirmation after the inspection that creams had been appropriately added to people's MARs.
- One person was prescribed medication to be taken as needed. This person was able to tell staff when they required this medication. Information on these medicines was in the person's care plan and on the medication themselves. We advised that people should have PRN protocols in place for these medicines, this was put into place immediately following the inspection.

#### Preventing and controlling infection

- Management staff completed infection control observations with staff in people's homes. This assessed whether staff were following correct procedures in areas such as hand hygiene and the safe use and putting on and taking off of personal protective equipment (PPE).
- There was an infection prevention and control policy in place which detailed what staff should do to promote good infection control. This included correct hand washing techniques and information on COVID-19.
- Staff told us they wore PPE when supporting people in their own homes. Staff told us they always had enough PPE.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans had details about people's medical histories, conditions and how they affected the person. Care plans also included signs and symptoms to look for relating to these conditions and what staff should do if the person showed any of these.
- Before people began receiving support from staff, the registered manager went to meet the person and their representative to assess the person's needs and how they would like to be supported by staff.
- People's care plans gave staff information on how to support people with their oral hygiene. For example, for one person who needed prompting with brushing their teeth, instructions for staff were to give the person their toothbrush with toothpaste on and encourage the person to clean their teeth.

Staff support: induction, training, skills and experience

- New staff received an induction before supporting people. This included online training and shadowing an experienced member of staff. If the staff member was new to care, shadowing took place with one of the management team. The registered manager completed an induction competency check before staff supported people on their own.
- People received support from staff that were trained in areas relevant to people's care and support needs. Staff told us they found the training useful.
- People were supported by a small staff team that knew people well. One person's relative told us, "They send regular people every time which has stopped [relative] getting confused, we are very happy with them."

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

- Where people were supported with eating and drinking, people's food and drink preferences were detailed in their care plans.
- At the time of our inspection, no one was receiving support with specialised diets. The registered manager told us that any specific dietary needs would be identified at the person's initial assessment and recorded in the person's care plan.

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

- People's care plans contained information around other agencies providing support to people such as personal assistants and district nurses.
- People's care plans told staff when people had received input from a health care professional. For example, one person's care plan showed they had been assessed by an occupational therapist (OT) and received equipment.

- People's support notes showed that staff spoke to people about their appointments with health professionals. For example, we saw that staff had spoken to one person about a recent hospital appointment and how they felt about it.
- Where people were at risk of pressure damage, staff recorded any concerns they had about the person's skin, for example if they had seen redness whilst supporting someone with personal care. We saw that where skin issues had been identified by staff, staff had spoken to the district nurses in order to co-ordinate the person's care.
- Where people had been given exercises to do by health professionals to increase their mobility, people's daily notes evidenced that staff supported people with this.

#### 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 MCA 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.

- Staff understood the importance of offering choices and supporting people to make their own decisions. One staff member told us, "We offer choices as much as possible. We give people choices of clothes for example and show people options if they can't choose. We always ask what drink people would like, even if we think we know, people can change their minds so we always check."
- Staff recorded on people's daily notes that they asked people for their consent before supporting them with personal care. We saw that this had also been discussed in supervisions and spot checks with staff.
- The registered manager was in the process of completing mental capacity assessments for people who may not be able to make their own decisions. The registered manager understood the principles of this and the relevant referrals needed if the person did lack capacity to make certain decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's daily notes showed that when staff were new to supporting people, they introduced themselves and had a chat with the person and their family.
- People's care plans had information about people's religious needs and routines that were important to them. For example, for one person it was important to them to be supported to have a bath prior to their daily prayers. We saw that this person was supported to have a bath at the right time.
- For people who had difficulty communicating with staff due to language barriers, instructions for staff were clear on how to help the person if they became distressed. For example, for one person their care plan told staff if the person became agitated, to call their family member immediately as this would be usual for the person and the daughter could help support with interpretation of the person's needs.
- People's relatives were positive about the support provided to their loved ones by staff. One person's relative told us, "Onpoint, An absolute 5 star service. Very, very good staff, can't thank them enough for the care they have provided to [relative]."
- One person's private carer had told us that staff had come round to give the person an Easter egg and a Christmas present and that these small acts of kindness had made a difference to the person. We saw that another person had sent staff a thank you card which read, "Thank you for my Easter egg. It was a lovely surprise."

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

- People told us that when they had asked for changes to the way they were supported, these changes were implemented. One person told us, "I've always been able to ask for any changes if I'm not 100% happy and changes have always happened immediately."
- People's support notes showed that staff took an interest in what people had been doing and how their day had been. Staff regularly recorded the conversations they had with people.
- Staff took the time to get to know people and their interests. One staff member told us, "We always have enough time to speak and chat with people when supporting them. One person I support worked in a [place of work] in [place] so we talk about that. Photos and items in people's homes can be great conversation starters and help us learn about people's histories. I look for opportunities to find out people's histories and then share that with other staff."
- People told us that staff were kind and caring, one person told us, "The staff are absolutely wonderful, they are very kind and I have no complaints."

Respecting and promoting people's privacy, dignity and independence

- People's care plans detailed what people were able to do for themselves and how staff should support

people to remain as independent as possible.

- People who needed support due to their mental health conditions had clear instructions in their care plans for how staff should support and motivate the person to carry out daily activities.
- Staff told us the various ways they supported people to be independent. One staff member told us, "When we help [person] with personal care, we always encourage [them] to wash [their] body as much as possible to keep [person's] independence. When [person] asks for a drink, we will encourage [them] as much as possible to hold the cup or glass themselves."
- Staff we spoke to told us how they respected people's privacy and dignity. One staff member told us, "If we help to wash and dress the person, we say hello how are you, speak to the person. When helping people with a shower I make sure curtains/blinds are shut and put a towel around them before and after. We respect the dignity of their lives, you can't just rush in and leave. Take your time and treat people with respect and dignity."

# 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

- People's care plans contained detailed information about their life histories, this included their families and people who were important to them as well as past working lives.
- People's care plans told staff how to support people if they became upset or anxious. For example, for one person who may struggle to answer staff's questions, guidance told staff to reassure the person and tell them to take their time in responding.
- People had assessments in place with considered each person's individual support needs and identified any risks associated with those needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans detailed information on people's conditions which may affect their communication, such as those living with dementia. Where people were living with dementia, information on how to support the person to maintain concentration during conversations was clear.
- Staff told us about the support they had provided for a person who did not speak the same language as the staff member. They said, "Initially it was difficult to understand each other, but I sat and spent time with the person. We did very well, [they] started to have confidence in me and we used body signs, pointing and gestures to communicate with each other and I asked [person's] family for help when I needed it."
- The registered manager told us that people's communication needs were assessed when they first started using the service and information was available in different formats if needed.

Improving care quality in response to complaints or concerns

- People and relatives we spoke to told us they had no complaints or concerns about the care provided. One person's relative told us, "Oh gosh no complaints at all. But I know if I raised anything, they'd sort it straight away."
- The registered manager had not received any complaints about the service but had a complaints procedure in place. During the person's initial assessment the registered manager ensured that people had a copy of the complaints procedure in their welcome pack.

## End of life care and support

- People's care plans showed staff whether people had ReSPECT forms and where these forms could be found in the person's home in the event of an emergency. ReSPECT forms provide health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that staff spent time talking to them and making them laugh. One person told us, "We get on very well, and they're talking to me all the time. Some of them are really quite funny and we have a laugh."
- People's care plans contained information on how staff should support not only the person, but their families, particularly for those whose family were the main carers. One person's relative told us how staff had supported them in their role as primary carer for their loved one and the difference this had made to them.
- Staff told us that they were encouraged by leaders who valued providing person-centred care to people they supported. One staff member told us, "I like the way they treat the people and staff. There's no rush, they encourage us to spend time with the people with support and to give real quality care."
- People's relatives told us that all staff they had come into contact with were kind and professional. One person's relative said, "They are all so lovely, they are absolutely brilliant, they really do care."

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

- There had been no incidents at the service that came under duty of candour, but the registered manager understood their responsibilities around this should one occur.

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

- The registered manager completed an environmental risk assessment for supporting people within their own homes. This included considerations such as medicines storage, gas cut off point and whether areas of the home were accessible to staff and for people.
- Staff were positive about the registered manager and told us they felt comfortable to go to the registered manager with any concerns. One staff member told us, "I get on well with the manager and feel I can tell them any problems I have or any concerns."
- The management team monitored the delivery of the service provided by staff daily, this included checking people's support notes. The digital care system sent an alert to the registered manager if a call time wasn't logged or people's MARs hadn't been completed by staff. This meant that the registered manager was able to action any issues immediately.
- The registered manager had started a service improvement plan which identified areas for improvement

to be worked on by the management team. This included areas such as full care plan audits and weekly medication audits.

- The registered manager told us the various ways they kept themselves up to date with best practice, government guidance and the regulations relating to health and social care.

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

- People and their relatives had been sent surveys to ask about the quality of the care being provided, two responses had been received so far. Where people had not been sure about areas of questions, staff had spoken to people about this to clarify information given. For example, one person said they were not sure how to make a complaint, we saw that a follow up meeting was made with the person where staff went through the complaint procedure with the person.
- The registered manager planned to carry out care reviews for people who had been receiving support for longer than six months. People and their relatives told us they were involved in decisions around the care and support provided. People's relatives were confident they could contact the registered manager at any time if they had a concern.
- Staff told us they were able to come to the registered manager with any concerns or suggestions. We saw that staff received regular supervisions where they could raise issues and the registered manager planned to send out staff surveys.

Working in partnership with others

- People's support notes showed that staff spoke with health professionals on a regular basis when they were supporting people and staff recorded what the health professional said and advised.
- The registered manager gave us several examples of how staff worked in partnership with other professionals that were supporting people, this included occupational therapists, Tissue viability nurses and people's social workers.