

# Nova Payroll Management Services Limited

# Pin Point Health and Social Care

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Pin Point Health and Social Care is a domiciliary care service that was providing personal care to 30 people at the time of the inspection.

People's experience of using this service:

At our last inspection the provider had failed to manage medicines safely; robustly assess the risks relating to people's health, safety and welfare; adequately seek people's consent to receive care, investigate complaints thoroughly and to have effective governance in place. This resulted in breaches of Regulations 11, 12, 16 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of these regulations. However, the provider had breached the registration regulations as they had not notified the Care Quality Commission (CQC) about significant events, such as allegations of abuse. This is being dealt with separately outside of the inspection process.

People and relatives felt the service was safe. Staff knew how report safeguarding and whistle blowing concerns.

People received good care from a consistent and reliable staff team. Staff were recruited safely.

People were supported to receive the medicines they were prescribed. Incidents and accidents were investigated and action taken to keep people safe.

Staff were well supported and received the training they needed.

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

People were supported to have enough to eat and drink and to access health care services.

People's needs had been assessed to identify the care they needed; this was used as the basis to develop personalised care plans.

Complaints were investigated and action taken to address concerns. People knew how to complain; however, the people we spoke with were happy with their care.

The registered manager completed quality assurance audits to monitor people's care. Staff described the registered manager as approachable and supportive.

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

Rating at last inspection: Requires improvement (the last report was published on 17 February 2017).

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

Follow up: We will continue to monitor this service and inspect in line with our reinspection schedule for services rated good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Pin Point Health and Social Care

## **Detailed findings**

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection.

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

Not everyone using Pin Point Health and Social Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was an announced inspection. We gave the service 24 hours' notice of the inspection visit because it is a care at home service. We needed to be sure the registered manager would be available.

Inspection site visit activity started on 25 April 2019 and ended on 14 May 2019. We visited the office location on 25 April 2019 to see the registered manager and office staff; and to review care records, policies and procedures. We then spoke with people in their own homes and by telephone to gather their views about the service.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all the information we held about the service.

We checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs).

During the inspection we spoke with seven people, four relatives, the registered manager and four care workers. We reviewed three people's care records, five staff personnel files, audits and other records about the quality and safety of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection the provider failed to manage medicines safely and ensure people received consistent care, due to a high number of missed calls. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

Using medicines safely; Staffing and recruitment.

Medicines were now managed safely; accurate records confirmed people received the right medicines at the right times.

- Audits were completed to check staff followed safe procedures; action was taken to address any concerns identified.
- People received consistent care from a reliable staff team. People and relatives commented, "We insisted on continuity of carers, so far they have provided that. We can't fault them at the moment" and "They are very good. I tend to see the same three [carers]."
- The provider had implemented new technology; this enabled them to monitor and reduce the number of missed calls.
- Rotas were usually planned to enable staff to arrive on time and stay for the full length of the care call.
- The provider followed safe recruitment procedures; pre-employment checks were done to ensure new staff were suitable.

Assessing risk, safety monitoring and management.

- Environmental risk assessments and other assessments were completed to help keep people and staff safe.
- The provider had plans for dealing with emergency situations.

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

- People felt safe with the staff providing their care. People and relatives commented, "I really feel safe. I trust them" and "[Family member] is very safe. [Family member] seems to trust them."
- The provider had a thorough process for dealing with safeguarding issues; safeguarding concerns were investigated and robust action was taken to keep people safe.
- Staff understood the importance safeguarding and the provider's whistle blowing procedure; they could raise concerns openly and felt they would be taken seriously.

Learning lessons when things go wrong; Preventing and controlling infection.

- The registered manager analysed information from safeguarding, incidents and accidents; this ensured

effective action had been taken and lessons were learnt.

- The findings from the analysis were shared and discussed with staff during team meetings.
- The provider had procedures to promote best practice in relation to infection control. One relative commented, "They wash their hands and put on gloves and aprons."



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider failed to confirm people's consent to their care. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 11.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Most people were able to make choices and decisions about their care needs; people confirmed staff asked for consent before receiving care.
- Staff described how they supported people to make as many of their own choices as possible. For example, asking people what they wanted and referring to people's care plans to understand their preferences.
- Care plans provided guidance for staff about how to support people with choices; where able, people had signed care plans to confirm their agreement.

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

- People's needs were assessed when they started receiving a service; this included discussing how people wanted to be supported, whilst considering their values, religion and culture.

Staff support: induction, training, skills and experience.

- Staff were well supported and received the training they needed. Staff commented, "I get good support" and "I am very supported, they are always ringing to make sure I am okay and need any support." One relative told us, "I am happy with the carers. They know what they are doing."
- Training, supervision and appraisals were up to date.

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

- Staff supported people to have enough to eat and drink. One person commented, "They know my [meal] preferences."
- Care plans described how people wanted to be supported with eating and drinking.

Adapting service to meet people's needs.

- People received a care service that was flexible and personalised to their needs. One relative said, "They are very amenable to change ... they are happy to fit in with what we need."

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

- Staff worked alongside other health professionals; their guidance had been included in people's care plans to ensure staff followed best practice.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received good care from a caring staff team. People and relatives commented, "They are very good, they can't do enough for me", "They are good, they are excellent" and "I am happy with the carers."
- There were positive relationships between people and staff. People and relatives said, "They are very happy people [care staff]. They will have a chat with you. They interact with [family member], they have [family member] laughing" and "The girls are pleasant, chatty."

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

- People and relatives were involved in deciding how care was provided. Relatives said, "I told them what I wanted, they are very willing to change (depending on what we need)" and "We talked to them about [family member's] care and what we wanted."
- Care plans clearly identified people's preferences and how they would communicate their needs and choices. This meant staff had guidance on the most effective ways of encouraging people to be involved with their care and to promote choice.

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

- People were treated with dignity and respect. One person told us, "They treat me like a VIP" and "Excellent, the girls [carer workers] treat [family member] like a normal person. They treat [family member] with respect."
- Staff described how they adapted their practice to ensure people received dignified and respectful care that met their individual needs. For example, reassuring people, seeking their consent first and keeping people covered up as much as possible.
- Staff supported people to promote their independence; they prompted people to help them remember important things. People commented, "It means [having the care service] I can get out of the house" and "They remind me when I am running out of things in the cupboard."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

At our last inspection the provider failed to deal robustly with complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 16.

Improving care quality in response to complaints or concerns.

- Complaints were investigated thoroughly following the provider's complaint procedure.
- People were happy with their care; they knew how raise concerns if needed. They said, "I have no complaints" and "[Registered manager] keep the staff in check. I rang once [with an issue] and it was sorted."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support.

- Staff responded well to people's needs and wishes. One person said, "They are really good, they can't do enough for me."
- People's care plans were personalised and detailed; they clearly described how people wanted to be supported at each call.
- People had been involved in determining the content of their care plans.
- Care plans were reviewed regularly to ensure they remained relevant to people's current needs.
- The provider made information available to people in various ways to aid their understanding, to comply with the Accessible Information Standard. For example, information could be made available in different formats.
- The provider was not providing end of life care when we inspected.

# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection the provider failed to confirm people's consent to their care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Since our last inspection the service had a new registered manager; they had overseen improvements to the service to help ensure people received good care. For example, introducing a new call monitoring system, recruiting new staff, better continuity of care and improvements to training. The registered manager confirmed there were very few missed visits now and people received care from a consistent team of staff. People's views confirmed this was the case.
- Although safeguarding concerns had been referred to the local authority and investigated, the provider and registered manager had not submitted the required statutory notifications to the Care Quality Commission. This is being dealt with separately outside of the inspection process.
- The provider completed checks to ensure people received the care they wanted; people and relatives told us they had been involved in reviewing their care to check they were satisfied. One relative commented, "I have had people [senior staff] call me up to check if I am happy with the care."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People received person-centred care; one person had been involved in recruiting staff to ensure they were suitable.
- The registered manager was supportive and approachable. Staff commented, "I can ring them [management], they are definitely approachable. I can ring [registered manager], they are all approachable" and "I speak to [registered manager] on a regular basis, every day. I can speak to [registered manager] no problem at all."

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

- People and relatives had been sent questionnaires to gather feedback; they had given mostly positive feedback. For example, people who returned a questionnaire said they were actively involved in their care

and staff met their needs and preferences respectfully.

- Staff could share their views through attending regular staff meetings; their views were listened to. One staff member commented, "They would take our views on board."

Continuous learning and improving care; Working in partnership with others.

- The provider operated an effective quality assurance system; areas checked included medicines and the quality of care. These had been effective in identifying areas for improvement.
- Senior staff carried out random spot-checks to ensure people were well cared for; this included punctuality and to check they followed people's care plans.
- The provider worked with local commissioners, other organisations and health care services to promote positive outcomes for people.