

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Carepoint Services

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Tel: 02086983661

Date of Inspection: 25 March 2014

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2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Management of medicines**

✘ Action needed

**Records**

✔ Met this standard

## Details about this location

Registered Provider	Carepoint Services Limited
Registered Manager	Mrs Christine Ferron
Overview of the service	Carepoint Services Limited provides domiciliary care services and support, including personal care, to people living in their own homes.
Type of services	Domiciliary care service Rehabilitation services
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Carepoint Services had taken action to meet the following essential standards:

- Management of medicines
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 March 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

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### What people told us and what we found

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During our inspections on October 2013 we found proper steps were not always taken to ensure that people were protected against the risks of receiving care or treatment that was inappropriate or unsafe.

At this inspection we found that the provider did not always protect service users against the risks associated with the unsafe use and management of medication. We found that there were not always appropriate arrangements in place for the obtaining, recording and disposal of medication. Also, medication procedures were not monitored or reviewed appropriately by the provider.

We found that some people's care records and staff personnel records were accurate, up-to-date and met the needs of people.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 04 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Management of medicines

✘ Action needed

People should be given the medicines they need when they need them, and in a safe way

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### Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

Appropriate arrangements were not in place in relation to the recording of medicine administration. The format of the Medication Administration Record (MAR) sheets and recording procedures did not conform to guidance from the Royal Pharmaceutical Society. The names and dosage of medication administered was not recorded when carers' assisted with medication, only the date, time, quantities and signature of staff administering.

There was no system in place for recording the details of any medication which may be refused. Staff told us they would have no way of knowing which medications they were administering as adequate descriptions were not provided by the pharmacy. We observed omissions on the MAR sheets of people using the service, we ask for clarification of the omissions we saw, however, these were unexplained. There were no procedures in place for auditing the medication records to look for omissions or to identify any administration errors.

Details relating to medication administration were not recorded appropriately in people's care plans or risk assessments. For one person we found their care plan and risk assessment stated they self-administered medication. However, we found MAR sheets as well as records in the daily logs which indicated that staff were administering medication to this person. Staff informed us this person required assistance to take medication out of the blister packs. This information was not reflected accurately in the care plan or medication risk assessment, even though these had been updated less than three months ago.

The care plans and risk assessments for people who staff administered medication to did not contain details regarding monitoring the effect of the medicines and action to take if their condition changes, including side-effects and adverse reactions. We were told that

there was a list of the medication which people were taking kept within their care plan at their home, but there were no such details kept accessible to senior workers within the office.

Medicines were not handled appropriately. We asked how medication is recorded on receipt from the pharmacy. We were informed that care workers check medication on receipt. We asked for details on how this information was recorded, we were informed that this was not recorded.

Medicines were not disposed of appropriately. We asked for the provider for information on how medication is disposed. We were informed that no records of disposal were made. Therefore people were at risk of unsafe medication management and administration.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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At our inspections in October 2013 we found proper steps were not always taken to ensure that people were protected against the risks of receiving care or treatment that was inappropriate or unsafe. We found records were not appropriately updated, monitored or reviewed. Following our inspection the provider sent us a report detailing how they would make improvements to the service. We carried out this inspection to assess the actions taken by the provider to rectify the issues we found at our inspection.

We looked at five people's care records. At this inspection we found records were completed, contained sufficient information and records had been updated and signed by the senior member of staff, people or a relative. Assessments and care plan reviews had been updated and were recorded. Therefore people's current needs had been assessed and reviewed and their care needs met.

We requested updated information regarding appraisal and supervision details for staff. We looked at five staff records and found they contained current details of spot check observations, supervision details and appraisal information. Staff training records were located in staff records with certificates of attendance at training.

The provider might like to note that not all records we looked at were always signed. We found that people's personal records and staff records were accurate and fit for purpose.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b>  The provider was in breach of regulation 13. The provider had not protected service users against the risks associated with the unsafe use and management of medicines. Appropriate arrangements for the obtaining, recording, handling, and safe administration and disposal of medicines are not in place. The provider had had not taken into account guidance from the Royal Pharmaceutical Society of Great Britain for best, and safe practices.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 04 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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