

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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Date of Inspection: 25 September 2014

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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

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

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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

Why we carried out this inspection

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

- Management of medicines

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 September 2014, reviewed information given to us by the provider and talked with other authorities.

What people told us and what we found

One inspector carried out this follow up inspection. During the visit we gathered evidence to answer our one of five questions; Is the service safe?

Is the service safe?

We found that where people required assistance with their medicines they did not always have a medicine risk assessment in place. People did not always receive their medicines as prescribed. We found that the registered manager did not complete a medicine audit, therefore the registered manager was unable identify errors, omissions or take appropriate action to rectify these errors.

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

What we have told the provider to do

Where we have identified a breach of a regulation during inspection which is more serious, we will make sure action is taken. We will report on this when it is complete.

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.

More information about the provider

Please see our website 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

Our judgement

The provider was not meeting this standard.

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

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

At the last inspection on 25 March 2014, appropriate arrangements were not in place in relation to the management of medicines. The provider had failed to complete a medicine audit and did not have appropriate records for the management and administration of medicines for people. The Medicine Administration Records (MARs) did not include details of the medicines taken or what time of the day they were administered. This did not conform to guidance from the Royal Pharmaceutical Society. At this inspection further improvement in the management of medicines for people was required.

At this inspection were found that medicines were not kept safely. We saw in one care record written guidance for care staff for one person using the service that stated, "Medicines must be hidden". We asked the registered manager why this was recorded on the person's care record. We were not provided with an explanation for this at the inspection or at the time of writing this report. We looked at the person's care records in more detail. We did not see an assessment completed under the Mental Capacity Act 2005 regarding the person's ability to make a decision for themselves or documentation regarding a best interest decision, to support the action of hiding the medicines. Therefore people could not be confident that their needs and wishes regarding the administration of their medicines were in place.

Records for the management of medicines were not always complete and medicine audits were not carried out. We looked at 20 MARs, held within people's care records. The registered manager told us, that every three months copies of MARs would be collected from people's homes and placed within their care records. We found two records out of 20 which had three monthly MARs. Therefore errors in medicine management could not be identified and action could not be taken to reduce any risks.

People who required assistance with their medicine management did not always have a medicine risk assessment in place. For example, in three people's care records, we saw that they required physical assistance with their medicine administration, but did not have a risk assessment in their care records or medicine records.

Medicines were disposed of appropriately. We saw on one record where the registered manager had made arrangements for expired medicines to be returned to the dispensing chemist and a receipt was provided as evidence.

Medicines were not always safely administered. In two MARs, there were gaps in the records with no appropriate codes used to explain the gaps. On one MARs we could see that two medicines were not always administered in line with the prescriber's instructions. For example, there were missed doses of one person's medicines with no explanation for this recorded in the care records or the MAR. On another MARs, medicine was administered at the wrong time every day. For example, from the 14 February to the 19 February 2014 a person should have received morning and evening medicines. The MARs showed that they were given morning medicines, but not the evening medicines. People were at risk of deterioration of their health because people did not always receive their medicines in line with the prescriber's directions.

The registered manager had acknowledged that the action points in their submitted action plan on 30 May 2014 had not been completed. For example, the registered manager had not carried out a medicine audit, had not carried out field visits to all people using the service who required support with their medicines.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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