

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 Inspections: 25 February 2013
22 February 2013

Date of Publication: May
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✗ Action needed

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Complaints ✓ 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

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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

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 22 February 2013 and 25 February 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information we asked the provider to send to us and reviewed information sent to us by commissioners of services.

What people told us and what we found

The agency was providing care for about 125 people at the time of our inspection. During this inspection we spoke with seven people using the service and family members. We also spoke with five members of staff and looked at the care records of six people using the service and at staff records.

Most people we spoke with were happy and satisfied with the service and the carers. One person said, "I would be happy to go with Carepoint again". A family member said the service gave her freedom, without having to worry. People were involved in choosing how and when their care was provided and how they wanted things done.

Everyone we spoke with was satisfied with the quality of care provided by the agency. One person told us, "I couldn't have asked for a better member of staff, very professional". Another said the care worker "does care tasks, interacts, listens, takes time, and best of all doesn't rush me". Most people had no complaints about the service and, overall, we found there was an effective complaints system.

However, we found that needs and risk assessments had not been reviewed and updated on a regular basis, which meant there was a risk that people's needs were not always assessed and that care was not planned and delivered in a way that ensured their safety and welfare.

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

What we have told the provider to do

We have asked the provider to send us a report by 17 May 2013, 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.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected, and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them and were given appropriate information and support regarding their care or treatment.

Staff told us that everyone using the service had a home care file in place, which included information about the agency, including the agency's statement of purpose and service user guide which outlined the range of the services that were provided. However, the provider may find it useful to note that its statement of purpose referred to the now defunct Care Standards Act 2000, rather than to the Health and Social Care Act 2008 which regulates the provision of health and social care.

People using the service we spoke with told us their home files contained a copy of their local authority care plan and a needs assessment completed by the agency. The needs assessments we saw outlined people's plan of care and some of their personal preferences about how care was delivered to them and their likes and dislikes. One person told us, "I've looked at my file many a time. It seems to have all the relevant information in it".

People expressed their views and were involved in making decisions about their care and treatment. They told us that they had met with senior staff from the agency before their care had started. People told us they were involved in choosing how and when their care and support was provided and how they wanted things done. For example, one person told us they liked to have a shower every day and care workers helped them to do this. Another said they had a sit-down bath twice a week and that was enough for them although "I can have more if I want".

People's diversity, values and human rights were respected. Staff told us they tried to match care staff to service users, in terms of their skills and experience. Most people we spoke with were happy and satisfied with the service and the carers. A person using the service said, "I would be happy to go with Carepoint again". A family member told us the

service gave her some freedom, without having to worry, and that the person receiving the care "appreciates it a lot, it's company, they chat a lot".

Most people told us they had regular care staff and if their regular staff were taking a holiday or leaving they usually told the person receiving the service during a visit, to prepare them to expect a different member of staff. One person, whose care worker went on holiday told us, "she brought another young lady to show her how I like things done". Staff confirmed that if possible, especially where care was complex, they liked cover staff to shadow the regular staff member. Another person said, "I just got new lady, before that I had the same person for eight years...But the new one is rather lovely and coping well." This person said there had been no handover before the new care worker started, although the agency had contacted her to tell her to expect a different worker. Everyone said that care workers asked them to sign timesheets and completed their daily records after every visit.

Most people said their care staff were usually on time, or they phoned if they were delayed. However, one person told us they had told the agency about staff being late on several occasions, and nothing had been done about it.

People who use the service and their representatives were asked for their views about their care. The results of a service user survey in June 2012 showed that most people who had responded to the survey were happy with the services provided. One had commented that, "staff at Carepoint are always helpful and polite"; others said that their carers were "very good" and "absolutely marvellous". However, 7% of respondents were not overall satisfied with aspects of the care provided. The main issues people had raised related to not being told about changes in their care worker in advance and care workers not arriving on time. The provider may find it useful to note that although staff told us they had rung every person who had raised an issue and tried to try to resolve the issue to their satisfaction there was no documentary record of these discussions or actions.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

There was a risk that people did not experience care, treatment and support that met their needs and protected their rights. All the people we spoke with were satisfied with the quality of care provided by the agency. However, there was no evidence that needs and risk assessments were updated, for example when people's needs and dependency levels had risen.

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.

Reasons for our judgement

People we spoke with were satisfied with the quality of care. One person said, "I couldn't ask for a better member of staff, very professional". Another said the care worker "does care tasks, interacts, listens, takes time, and best of all doesn't rush me".

However, during our inspection we found that needs and risk assessments were in place when people started to use the service but had not been reviewed or updated regularly. This meant there was a risk that people's needs were not always assessed and that care was not planned and delivered in a way that ensured people's safety and welfare.

Each person had a local authority care plan in place, but these care plans were basic documents, with little personalisation. We saw a detailed care plan for one person which staff told us was in place because the person had "high support needs and was very choosy". A few local authority care plans had been reviewed and updated when there was a change in people's needs or circumstances.

The risk assessments we saw primarily recorded environmental risks and almost every assessment we saw stated that 'no risks' were identified, although people's needs assessments and incident records clearly identified that there were specific risks, such as poor mobility and a risk of falling, for many people who used the service. These risks were not identified on most of the risk assessment documents. We also saw that the needs and risk assessments had not been updated since they were put in place; some dated back to 2007, and staff confirmed that these documents were rarely updated. This meant there was a risk that people did not experience care which met their needs.

Detailed specific risk assessments and guidelines were not in place to provide care staff with guidance on how to provide safe and appropriate care. We saw from changes in care packages, and people using the service and staff told us, that people's circumstances and physical needs had changed since the agency started delivering their care. Our

discussions with staff and service users confirmed that staff had adapted the care that was provided, but risk and needs assessment documents had not been updated. For example, the agency had a specific form to use when assessing people who needed help with their mobility, but it had not been completed for all the people whose care records identified that they needed this type of help. Staff told us that the form was in use for new service users, but had not been completed if people had been using the service for some time.

Several people using the service required assistance with or prompting to take their medications. A medication record was in place for each person using the service, but most of these records showed no evidence of having been updated. Staff told us there was no system in place for reviewing and updating medication records at regular intervals, although they would be updated if staff were told people's prescriptions had changed. However, some people we spoke with told us their medications were reviewed and changed by their GPs. In two sets of care records staff tasks included assisting with medications but there was no record of what type of medication was being given.

There were arrangements in place to deal with foreseeable emergencies. For example, staff told us that sometimes people's hospital discharge information did not reach them in a timely way. As a result a weekly procedure had been introduced where agency staff phoned to check on whether any service user who was known to be in hospital was due to be discharged, so staff could be sure people's care was restarted and people were looked after safely.

There were systems in place to report and respond to any incidents, and staff and service users were made aware of these. Staff told us that if they had any concerns about a person's welfare or health, they would raise this with their manager, for example if people were not taking their prescribed medications. Office and senior staff were available for emergency support out-of-hours. Incidents were recorded in line with the accident and incident reporting policy, and we saw evidence that staff took appropriate action and documented their actions clearly if an incident took place. We saw that a family member had written to thank a member of staff after an incident, saying they had gone "far beyond the call of her duties. We are grateful for her prompt actions and her caring attitude." Incidents were investigated, and that staff learned from any incidents and appropriate changes were made, where necessary.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People using the service told us that they had choice and control in how their needs were met, and did not feel taken advantage of by anyone in the service.

The agency had a safeguarding policy, dated November 2011. Senior staff told us that the safeguarding policy was kept in the manager's office, and staff could ask to see it.

The provider may find it useful to note that there was no outline policy or summary of the safeguarding procedure in the staff handbook, and that the provider safeguarding policy did not reference pan-London multi-agency and local authority safeguarding procedures. Staff training records showed that all staff had been trained in safeguarding and most staff had been provided with some safeguarding refresher training within the past three years. Staff we spoke with were clear about their responsibility to ensure that people were safeguarded from any type of abuse, and told us they would report any safeguarding concern to their manager immediately.

There was a code of practice and arrangements in place in relation to handling money and financial transactions, to ensure that people were protected from any potential financial abuse. The procedures stated that any cash-handling must be recorded on a monetary transaction form, and the person using the service must sign and date entries. We saw evidence that staff returned monetary transaction forms and shopping receipts to the office to be checked by office staff. However, the provider may find it useful to note that one person we spoke with told us that her care worker who did shopping for her did not fill out a financial transaction form although they recorded the money which was given and returned on the person's shopping list.

The agency had notified the local authority and CQC when it had any safeguarding concerns and had responded appropriately to any allegation of abuse. Incidents involving people using the service were recorded and reported to the managers. We reviewed the records of incidents and found that they had been reported and investigated in a timely

way, and that appropriate action had been taken, where this was required.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

People spoke well of the staff who cared for them or their relative. They described them as kind and considerate, and said they provided good and appropriate care. The results of a June 2012 service user survey showed that 78% of respondents were positive about the competence of their care workers.

The staff records we looked at showed that all staff were provided with induction training, including medication and health and safety training. We saw evidence that all new staff were provided with induction training. Before starting to provide people using the service with care, staff 'shadowed' experienced care staff providing care, and were in turn formally observed providing care, to ensure that care was given safely and appropriately.

Staff were given a detailed employee handbook with information about how the provider expected them to provide care safely and within the service's procedural guidance.. The staff handbook had been updated to reflect recent amendments, and staff were provided with a summary update, and directed to where the full policy was kept in the agency offices.

Training, guidance documents and care policies and procedures were available to staff at the agency's office. Staff were provided with appropriate personal protective equipment, such as disposable gloves and aprons.

The agency supported all care staff to achieve a national vocation qualification (NVQ) in health and social care, appropriate to their job role. At the time of our inspection, approximately 50 staff had achieved a Level 2 care qualification, and 20 were Level 3 qualified. Others had recently completed their NVQ training and were waiting for confirmation of their certificates. Staff NVQ training was being provided for a group of staff on the day of our visit. Staff told us they found their training purposeful, and they were supported by senior staff during the training process.

The staff training records showed that most staff had completed their initial and refresher mandatory training.

Most staff had regular one-to-one supervisions and had either completed or were booked for their annual appraisals. The provider was aware that some staff refresher training and supervisions were overdue, and had a system in place to ensure that these would be undertaken.

We saw evidence that spot checks were undertaken on the care that staff delivered. Team leaders and the manager visited people in their homes to check that they were satisfied with the service and that their carers were carrying out their duties as expected. We saw that the registered manager had recently reminded team leaders that some spot checks were overdue.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

No-one we spoke with at this inspection had made a formal complaint about their care. People told us they had, "No problems, no complaints".

People were made aware of the complaints system. This was provided in a format that met their needs. The agency had a complaints policy and procedure in place, which took into account both verbal and written complaints.

The employee handbook and mandatory staff induction training provided staff with a range of information about the agency, including how to support service users to make a complaint or how to make their own concerns known. All complaints were reported to and investigated by a senior member of staff.

A copy of the complaints procedure was made available to everyone using the service. If a person was not satisfied with the outcome of the agency's handling of their complaint, they were signposted to complain to the commissioner of their care, the local authority.

Overall, we found that people's complaints were fully investigated and resolved, where possible. We asked for and received a summary of complaints people had made and the provider's response, which showed us that complaints were logged, investigated and responded to appropriately. The summary also indicated whether the complaint was upheld or not upheld.

People's care commissioners were informed of any complaint and the results of any investigations. The summary showed that some complaint investigations were not yet concluded; the manager told us that once the complaint investigation was concluded, the summary would be updated.

However, the provider may find it useful to note that a person using the service told us that their care worker was not always on time. Records of audits of service delivery and quality in September 2012 and February 2013 showed this person had raised the same issue of staff lateness with office staff at both audits. There was no documented evidence that staff had taken action to address this issue.

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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services How the regulation was not being met: The provider was not always protecting people from the risk of receiving unsafe or inappropriate care by ensuring that all care was planned and delivered in a way which met their individual needs and ensured their welfare and safety. (Regulation 9 (1)(b)(i)(ii))

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 17 May 2013.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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