

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✗	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

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

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 2 October 2013 and 7 October 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

We spoke with five people who used the service during our inspection. They told us they received good quality care from the provider. One person told us "This is home for me".

We reviewed a sample of care records, five in total, and found that each contained an assessment of people's needs and a plan as to how to meet those needs. Consent was sought by the provider from people in regards to the support they required. Consent was reviewed if their care needs changed.

The provider had arrangements in place to assess the quality of service provision and care delivery for people.

Records were not always updated to reflect the needs of people who use the service. Staff records were not always updated to reflect staff training attended appraisal or supervision meetings. Care records were not updated and did not reflect changes to care plans.

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 10 December 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes. We reviewed five care records and saw consent to care was obtained following an assessment or review.

We spoke with five people who used the service. One person told us they had provided their consent to care services before the service began. People told us they were provided with information about the provider's services and their care service. People's consent to care was provided formally following an explanation of their care options. For example on one care record we saw that a person had consented to support with their medication management. We saw on the five care records that there was a signed service consent agreement. Therefore people were provided with information and support to be able to consent to their care.

There was a consent policy in place, which provided guidance to staff to support people to consent to care. The provider had an understanding that some people may require support to consent and would support people to make an informed decision. For example on one person's care record we saw that staff had made arrangements for a capacity assessment. Following this assessment appropriate support was put in place for the person and consent was provided by a relative. Therefore staff provided support for people to make informed decisions.

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

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Our inspection in 22 and 25 February 2013 found proper steps were not always taken to ensure that people were protected against the risks of receiving care that was inappropriate or unsafe, by means of carrying out an assessment of need or by carrying out care plan reviews. During this inspection people spoken with told us they had a care plan and they were aware when their care services were reviewed.

People's needs were assessed and care was planned and delivered in line with their individual care plan. During this inspection we reviewed five care records. We saw that people's needs were assessed and care was planned and delivered in line with their individual care plan. We saw staff reviewed individual assessments and care plans on a six monthly basis with people or their relative. Therefore people received appropriate support to meet their individual needs.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. On the five care records we saw that people had assessments completed regarding individual needs and risk. We saw on one care record that a person required support by two carers and a hoist for transferring to and from the bed. Staff arranged for an occupational therapy assessment for appropriate equipment to meet the person's care needs. This showed that staff were aware of people's needs and implemented strategies to reduce the likelihood of risk.

People we spoke with told us they were happy with the care that was provided. One person told us, "The care is ok. I would not be able to manage my care without their help". People told us they were aware of the care they received on a daily basis. For example one person told us they required an increase in their current care and this was provided following a review of their care.

We also saw that assessments included an individual risk management care plan that was documented and acted upon. For example, one person required support for their relative with formal carers support. The provider might like to note that recent assessments were not always available on people's care record. However, we were provided with copies of current care plans 24 hours following our inspection.

People's care records had been updated and reflected people's current needs. There were arrangements in place to deal with foreseeable emergencies. There was senior staff available on an on call basis who would manage emergencies at the home as required. Therefore staff were knowledgeable in receiving support from senior management when required.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We checked the recruitment records for five staff. We found that appropriate checks were undertaken before they took up their post. The information provided indicated that prior to them starting work a disclosure and barring service (DBS) check had been obtained along with satisfactory references. There was no information recorded which would prevent or restrict the person from being employed. We were provided with information that indicated that where required appropriate professional registrations were maintained.

People who use the service told they felt staff had the right skills and experience to be able to support them during their admission. One person told us "my carer knows what I want. I do not like to have other carers when she is on holiday".

All staff undertook an induction with the service when first appointed. This covered all areas of the care and treatment appropriate to providing an effective service to people. Staff attended medication management and awareness, safeguarding and moving and handling training. The training equipped staff to be able to carry out their caring roles. Therefore the provided carried out appropriate checks before employment and supported staff once they were in employment to carry out their caring roles.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service were asked for their views about their care and they were acted on. Five people we spoke with said the provider was monitoring the quality of the care they received. For example one person had raised concerns in regards to the time of their visit. On the request of the person the visit times were changed to meet the needs of the person.

People we spoke with told us that they completed an annual questionnaire that asked for their views on the quality of their care. Staff provided a copy of the June 2012 analysis of the survey feedback and this showed that the majority of people who completed a survey were satisfied with the service. Some people had commented that they were unaware when the carer was arriving late or there was a change in carer. The provider implemented a system where carers rang the office promptly if they were going to arrive late, so that office staff could inform people. One person told us "I have seen the difference in my carers timeliness recently".

Carers we spoke with completed an annual questionnaire and they were asked for their views on the service. We saw a copy of the report for November 2012, that showed that most staff were happy in their job and enjoyed working with their clients. We saw that the provider had taken action following comments made by staff regarding the timeliness of their salary. The provider had updated the staff handbook to advise staff that they had to submit their timesheets on a specific day to ensure that they would be paid promptly. Information regarding prompt submission of timesheets was displayed on the walls of the office. Five of the staff we spoke with were aware when timesheets had to be submitted for payment. Therefore staff could be confident that the provider took action following staff feedback received.

The provider had a number of internal quality strategies implement to monitor the quality of the service. For example the provider had in place an incident and accident book, workplace risk assessments, complaints monitoring and log system and policies and procedures to support staff and people who use the service.

Staff told us that spot checks on the quality of their work were routinely completed. The

provider told us that spot checks were completed to maintain and monitor quality of care delivery. Staff said that spot checks were also used as a method for learning. For example, staff would be assessed by their competency in the use of new equipment.

We saw evidence of a report from the local authority contracts and brokerage team. An audit was completed in June 2013 that showed the provider had made improvements in the essential standards of the corporate health and safety guidance. The provider had a quality assurance policy in place to audit the quality of the service provision. Therefore people received care from a service which reviewed the quality of their care and therefore improved service delivery for people.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care because accurate and appropriate records were not maintained.

We have judged that this has a minor 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

At this inspection we found records were not complete, contained insufficient information and some records had not been dated and signed by the senior member of staff, people or their relative. We found that records were kept securely and could be located promptly when needed. However, we found that some people's personal records were inaccurate and not fit for purpose. For example current care plan reviews had not been attached to the persons care records. We asked for copies of the care plan reviews for the five people's care records we saw. We were told that they were not available at the time of our inspection as they were held within the reviewing officer's personal filing system. Therefore there was a risk that people's current needs had not been met.

We requested updated information regarding appraisal and supervision details for staff. Five staff records we saw did not contain current details of spot check observations, supervision details and appraisal information were not always updated on the staff records. We were told that this information was located within two members of staff personal electronic filing systems which were not accessible to the manager. People's needs were not always correctly recorded and staff and people's records were not always updated.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010
	Records How the regulation was not being met: Proper steps were not always taken to ensure that care or staff records were appropriately updated. The provider was in breach of the Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010. Regulation 20 (1) (a).

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 10 December 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 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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