

Carepoint Limited

Carepoint Limited t/a Alternative Care - Suite 1 Parkside House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Carepoint t/a Alternative Care is a domiciliary care service providing personal care to people with a variety of needs including dementia, physical disability and sensory impairment. Older people and younger adults, including people with learning disabilities and/or autistic spectrum disorder.

People are supported in their own homes, at the time of this inspection, 183 people were receiving personal care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found;

At our last inspection the registered manager had failed to ensure systems and processes related to safeguarding were established and operated effectively to investigate, immediately upon becoming aware of any allegation or evidence of such abuse. At this inspection we found improvements had been made and that concerns were being responded to as required. Staff had received safeguarding training and understood processes to report concerns.

It was previously found that people may be at risk by lack of information related to gaps in work history of staff during their application. During this inspection we found that not all work history or references had been taken appropriately. The new manager informed us they had plans to introduce the requirement for whole work history to be taken to ensure that there was no gap in information provided by staff.

During the previous inspection we also found that systems were not in place to manage safety and quality effectively. Complete, accurate and contemporaneous records were not kept to ensure good governance. At this inspection we saw that the new manager had started to bring together information to have an oversight of the service, however not all concerns had been identified effectively. Some risk assessments were in place, but where new concerns had arisen additional risk assessments had not always been implemented.

We found that although there had been previous medicines errors and missed medicines there were actions being taken by the manager to minimise these. However, records for medicine administration were not always completed appropriately.

Care plans were detailed, and person centred. People had been involved in their completion and updating. Staff were aware of information held within care plans and risk assessments.

People were happy with the service they received. People did not experience missed calls nor a high number of late calls. The manager was aware that weekends were sometimes more problematic when ensuring staff arrived on time and was dealing with this to minimise any disruption to people using the service.

People felt safe when staff attended to them and confirmed staff wore PPE (personal protective equipment) when entering their home and supporting them. People felt supported safely by a consistent staff group.

Staff worked in partnership with external healthcare professionals to ensure people's healthcare needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 May 2019) and there were breaches of regulation within the safe and well led domains. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 13, however they were still in breach of regulation 17.

Why we inspected

We received concerns in relation to the management of medicines and lack of registered manager. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the well led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carepoint t/a Alternative Care on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of

quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors. Telephone calls to people and their relatives were made by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. Where a registered manager is in place, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager in place who had taken up the role eight weeks prior to the inspection. The new manager would be applying to become the registered manager of the service.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and ten relatives about their experience of the care provided. We spoke with seven members of care staff including the manager. We reviewed a range of records. This included six people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records including competency checks for staff, daily recordings, staff supervision documents and the staff rota.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Including; not following safeguarding procedures and records of safeguarding issues not kept, so they could see appropriate action taken. The provider had not been clear on safeguarding process and safeguarding training for staff had not been completed recently.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- We saw where safeguarding concerns arose, they were reported and acted on appropriately and records were kept of the actions taken. Staff were aware of the processes they should follow should they need to raise a concern.
- One staff member said, "If anything happened that I felt was a safeguarding issue I would immediately contact the office or the out of hours. I know the office staff ensure the information is passed onto the safeguarding team at the local authority. If I was concerned it was an immediate emergency, I would also call 999 and the person's relatives if that was what was needed."
- Prior to the inspection we spoke with a local authority quality and safety officer with links to the service and they told us how the local authority safeguarding team had received recent safeguarding alerts from the service.
- People and relatives told us they felt the service was safe.
- One person told us, "I feel safe, I wouldn't be able to do without them [staff], they spend a lot of time with me, help me out of bed, put my frame where I need it to be." A relative told us, "[Person's name] are 100% safe, they [staff] help them to get up, they do so much more. They sit down with them and have a chat, they make them laugh. If they have concerns about their health, they advise me to get the doctor, they are brilliant".
- We found that staff had received safeguarding training and were able to discuss with us how to keep people safe.

Assessing risk, safety monitoring and management;

At our last inspection the provider had failed to robustly assess the risks associated with people's care and support needs were not always assessed. Records did not provide sufficient guidance to staff.

- At the last inspection it was found that risk assessments were not always in place. At this inspection we saw that some improvements had been made, but work was still required to ensure all risks to people had been assessed. For example, we saw that for one person staff had noticed their skin was being rubbed by the equipment used to assist them to move safely. Action had been taken to remedy this, such as contacting the local authority to update them and requesting interventions from health professionals, but no risk assessment had been carried out to minimise future risk and there was no guidance for staff how to minimise the risk.
- Where a person's behaviour had changed when they were being hoisted, this had been noticed by staff and actions taken to support the person, but this had not been recorded in a risk assessment. Instead, the information was part of daily recordings, which may go un-noticed, in particular by new staff working with the person and so the person may not be supported effectively. We spoke with the manager about this and they agreed that work was needed to ensure all risks were assessed appropriately. They told us of their plans to make changes and how the lack of consistent manager in recent times had impacted upon consistency in records.
- Risk assessments we did see were detailed, such as, where a person was at risk of choking the risk assessment considered actions for staff like using thickener in foods and drinks and sitting people upright. However, we found that risk assessments were not always dated and/or the date of the next review was not provided, this made it difficult to see if records were updated as required and if they were accurate in reflecting people's current needs.
- Staff were able to speak with us about specific concerns related to people they cared for and how they minimised risk. Staff also felt the information within risk assessments was useful for them.
- We found the majority of care plans were detailed and provided staff with information about how to care for people effectively. The risks we identified in the gaps in people's care records were mitigated as staff knew people well. The new manager had a plan to ensure all risk assessments were reviewed and updated.

Using medicines safely

- We looked at MAR (Medicine Administration Record) charts and saw for some people there were gaps in recordings of medicines given. It was unclear as to whether medicines had been given as required and not recorded or if people had gone without medicines, however there was no documentation to state anyone using the service had been adversely affected by this. This meant it was unclear as to whether there had been an impact on people.
- People told us they received their medication appropriately. One person told us, "They [staff] take the tablets out of the pack and hand them to me with a drink and check that I have taken them". A relative told us, "They [staff] help [person] with their medication. They have blister packs. They tell [person] what they are having, and they tell them the sizes of the tablets and make sure they have them with a drink".
- We saw body maps were in place and in use to demonstrate the correct rotation of medication administered by patch.
- We had previously received notifications from the service detailing medicines errors and action had been taken at the time to also notify the local authority safeguarding team. We saw that competency checks had been put in place for staff members, in particular those who had been involved in medicine administration errors and staff had been trained in giving medicines with refresher training planned where required.
- Whilst records relating to medicines needed improving, there was no evidence people had come to harm.

Staffing and recruitment

- At our last inspection it was found that gaps within staff members work history had not been explored and

that references had not been taken prior to staff members commencing in post. We found there had been some improvements, however changes still needed to be made. The manager told us how they were going to implement changes to the application form, which would now include a full work history.

- We saw how most staff members had references in place, however in two employees' files viewed we found that recruitment processes could be improved. For one staff member there had been no attempt to gain a reference through the HR department at their previous organisation. Another related to a reference not returned from a school due to lockdown, however when schools reopened there had been no attempt to chase up the reference. The manager acknowledged the need for safe recruitment and told us they would take action on obtaining appropriate references.
- We found that recruitment checks such as police and criminal checks, including Disclosure and Barring Service and photo ID were in place.
- People mostly felt there were enough staff to support them safely, with nobody spoken with telling us they had any missed calls. However, one person told us, "At weekends they tend to be a bit later. There are different staff at weekends. Sometimes I get fed up waiting. They should visit at 7am it was 10am four Saturdays ago." A second person told us, "It can be a bit hit and miss at the week-end, but it's got much better over the last few months". The manager told us they were working on how to ensure that staff arrived in a timely manner both during the week and at weekends. They discussed ensuring that staff were employed specifically for Saturdays and Sundays. We did not find anyone had been negatively impacted on by later than agreed calls.
- We saw staff rotas, which confirmed what we had been told about the differences in weekday and weekend calls. Staff told us they worked within geographical areas which suited them and limited the amount of travelling required. Staff members covered absences, so agency staff were not used regularly.

Preventing and controlling infection

- People were protected from the risk of cross infection. During the COVID-19 pandemic, additional training and measures were in place for staff to follow to help keep people safe. These included wearing personal protective equipment (PPE) and ensuring staff had access to an adequate supply. A member of staff told us, "We always had our PPE, even before the pandemic. There have been no shortages and we are trained in how to use it."
- There were no concerns from people using the service around staff members use of PPE and safe practices to minimise the risk of coronavirus.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to the manager. We saw where people had suffered a fall, action was taken, agencies notified, and medical attention was sought where required. Accidents and incidents correlated with information shared with CQC and the local authority. Action taken was documented and there was an analysis of the incident in order to mitigate any further risk. However, where some incidents had occurred these had not been followed up with a risk assessment.
- Although the manager had only taken up the position recently, they were aware of the previous breach of regulations and had read the last report. There had been tightening up on safeguarding processes and the manager had an understanding of appropriate actions to take.
- The manager was looking to increase some training courses to annually rather than every three years to ensure staff had a good understanding of core elements of caring.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

At our last inspection the providers systems and processes were not operated effectively and did not identify where quality and safety were compromised. This was a breach of regulation 17 (Good Governance) of the Health and social care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17. There was a new manager in place who had started to make changes and improvements to governance within the service, but despite the provider acknowledging management issues during previous inspections they had failed to take timely action to address this.

- There had been some inconsistency in management with a quick turnover of managers in recent times. A new manager had been recruited and at the time of the inspection they had been in post for eight weeks. The manager was due to commence registering with CQC.
- Although we could see actions had been taken around risks, not all people had individual risk assessments around specific known concerns. This meant that any new staff may not have the knowledge to support people effectively without written guidance. The provider had not taken timely action to address lack of risk assessments despite this being raised as a concern during the previous inspection. There was no evidence this had been monitored and identified as a concern. This contributes to a continuation of a breach of reg 17.
- Medicine Administration Records with gaps in recordings had no explanation for the omission, and there had been no follow up to update the charts to provide clarity on whether the medicine had been taken or not. The manager told us how all staff would be having regular training and we saw that competency checks were in place to monitor the effectiveness of medicine administration.
- Recruitment checks currently only requested a five-year work history, meaning there was no opportunity to consider employment outside of this timescale. The manager told us they would be implementing a full work history requirement to ensure no gaps were overlooked going forward.
- At the last inspection, the registered manager failed to effectively operate the provider's governance system. At this inspection we found that information related to governance was available but was disjointed and did not lend itself to an effective overview of patterns and trends.

- We saw that whilst complaints had been recorded, there was no chronology available as to related correspondence and actions taken. We found that an audit trail was available in the form of printed copies of emails sent and received, but this was disjointed and not all of the information was available. The manager agreed that in order to ensure all actions had been taken a clearer process was required and they would be implementing this including recording outcomes and actions.
- Accidents and incidents recorded correlated with notifications received by CQC as required. However, following some incidents appropriate risk assessments were not implemented.

This is a breach of regulation 17 (Good Governance) of the Health and social care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager sent us templates which would now be used to record regular auditing and provide clear information on areas which required attention or action. We were satisfied that these audits would provide more effective governance of the service. The audits included, but were not limited to those around medicines, care plans, staffing and staff performance and safeguarding.
- We found that staffing at weekends differed to weekdays and sometimes calls were later than expected. The manager was aware of this and was taking steps to improve call times. People told us call times had improved.
- We found that safeguarding processes were improved, and information shared appropriately.
- All but one person we spoke with felt the service was easy to contact and that information was shared effectively.
- Staff informed us they were aware of the whistle-blowing policy and would use it if they felt the need to. (A whistle-blower passes on information concerning wrongdoing or poor practice within organisations).

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Continuous learning and improving care;

- Staff told us they enjoyed working for the organisation and felt supported. One staff member told us, "I love my job. The provider is the best boss and I have worked for them for many years. I am just getting to know the new manager, but they are already very supportive."
- We saw that staff had regular supervisions and staff told us they were also able to contact the manager, provider or senior staff members at any time to speak with them.

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

- Most people told us they were able to choose a male or female carer, however one relative told us, "They sent a male carer, which we did not want. It was a one-off, he was doing his training. It was sorted out quickly though". The manager told us how people were able to choose the gender of carer provided, but to ensure information was taken correctly it would now be offered as part of the initial assessment of people looking to utilise the service provided.
- One person told us, "They [staff] take your wishes on board, I had a review after 12 months". A relative said, "We both took part in it [care plan] we have regular reviews, the last one about a month ago, they [staff] ask your opinions".

Working in partnership with others

- The manager and the provider worked in partnership with other organisations including people's GPs and other healthcare professionals. We saw evidence of how professionals had been contacted when staff had concerns regarding people's health and wellbeing.
- The manager told us they were supported well by the provider, who took an interest in the service and its

daily activities.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively and did not identify where quality and safety were compromised.

The enforcement action we took:

We served a warning notice