

Carepoint Services Limited

# Carepoint Services Ltd (Brighton & Hove)

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Carepoint Services Ltd (Brighton & Hove) is a care agency providing personal care and support to people living in their own homes. 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. At the time of the inspection, 31 people were receiving regulated activity.

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

People were safe. Staff had been trained to safeguard people from abuse. They understood the risks to people's safety and wellbeing and what they should do to minimise these. Staffing levels were sufficient to meet people's needs effectively. Staff were recruited in a robust and safe way to ensure they were suitable to support people. The service had good infection prevention and control measures in place which were in line with current guidance.

Staff received relevant training to help them meet people's needs. Staff were well supported by the registered manager and encouraged to continually learn and improve in their role. Regular checks were completed to make sure staff were carrying out their duties appropriately and to a high standard.

Where people needed this support, staff helped people to eat and drink enough and to take their prescribed medicines. Staff understood people's healthcare needs and how to recognise if their needs were changing. Appropriate support from health and social care professionals had been sought when needed.

People spoke positively about staff and were satisfied with the care and support they received. They told us that their care and support had been tailored to meet their needs and wishes. People told us that staff were kind and caring and treated them with respect. One person said, "They are very caring. Like they are friends to me."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well-led. The registered manager and provider worked together to monitor and review the quality of service that people experienced. People told us they felt involved in their care and were able to give feedback. Staff were also encouraged to give their views to drive improvement in the service.

There were arrangements in place to make sure any accidents, incidents and complaints would be fully investigated and relevant agencies informed. All staff worked closely with health and social care professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

#### Why we inspected

Carepoint Services Ltd (Brighton & Hove) had not yet been inspected or rated. As such, it was important that we inspected to provide an accurate rating and gained assurance that people being supported were safe.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Carepoint Services Ltd (Brighton & Hove)

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector and one assistant inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 February 2022 and ended on 25 February 2022. We visited the location's office on 23 February 2022.

#### What we did before the inspection

We reviewed information we had received about the service since they registered. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We asked the registered manager to provide some documentation prior to the office visit, for

example, training details for staff. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and provider of the service. We also spoke with the field care supervisor, recruitment coordinator and staff coordinator. We reviewed a range of records including three people's care records, a number of medicines administration records, three staff records and other documents relating to the management of the service.

#### After the inspection

We spoke with three people who use the service and two relatives via telephone. We had contact with a further three care staff members. We sought feedback from four professionals who have regular contact with the service, including from the local authority. We reviewed additional documentation relating to people's care and the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe. One person told us, "I feel absolutely 100% safe with my carers. I used other agencies before, but these are brilliant." Another person said, "I feel very safe with them here."
- Staff had completed safeguarding training and told us they felt confident and were encouraged to report any issues arising.
- Safeguarding policies and procedures were in place to support people and the staff team. The registered manager had engaged appropriately with the local authority to investigate any concerns.
- Information from lessons learnt and changes to practice were shared with the staff team through supervision, office meetings or through email.

Assessing risk, safety monitoring and management

- Risks to people had been fully assessed and action taken to minimise these. Assessments detailed what steps staff should follow to keep people safe. The registered manager regularly reviewed the safety and quality of care provided to people.
- Environmental and COVID-19 related risk assessments were also in place for people and staff. Staff told us they felt safe accessing people's property and working alone. An out of hours contact was on standby if needed in an emergency.
- Staff confirmed they felt confident to manage risks, demonstrated a good knowledge of potential risks to people and how to mitigate these. They confirmed they had received training to use any equipment people required, for example to minimise falls.

Staffing and recruitment

- There were enough suitable staff with a variety of skills to meet people's needs and keep them safe. People using the service and their relatives told us staff arrived on time and stayed for as long as they were needed. In cases where staff were going to be late, people told us they received a text or phone call.
- Staff told us they had enough time to travel between care calls and could contact the office for support if they had any issues. The provider had recently implemented an electronic call monitoring system which identified if care workers were late so this could be investigated and addressed.
- There was a specific recruitment officer employed at the service to who used systems to select appropriate new staff. Checks included obtaining references, a full employment history and screening through the Disclosure and Barring Service (DBS).

Using medicines safely

- Medicines were managed safely. Office staff and management completed regular checks of medicine

administration records (MAR) to monitor administration was completed correctly. Where there had been issues, we saw evidence of this being addressed quickly.

- Staff had received training in medicine administration and had frequent checks to ensure they remained competent.

#### Preventing and controlling infection

- The provider had an up to date infection prevention and control policy in place which staff demonstrated good knowledge of. People and relatives spoken with confirmed staff wore appropriate personal protective equipment (PPE) during visits. This was readily available both from the office and within people's homes.
- Staff had received training in the use of PPE and infection control procedures. Checks were completed by office staff to ensure compliance with this.
- Staff were engaged in a robust COVID-19 testing regime, in line with government guidance. There was a suitable business continuity plan in case of staff or people testing positive for COVID-19 to ensure people still received appropriate care.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they started using the service. The registered manager met with them and undertook an initial assessment. One person said, "Right at the beginning, I had a visit from [registered manager]. He was good and went through what I needed." A relative told us, "[Staff] have got a good overall picture of [my relative]."
- The assessments were detailed and were used to create people's care plans. Staff practice was appropriate and in line with relevant legislation and guidance.

Staff support: induction, training, skills and experience

- Staff had received relevant training to fulfil their roles. There was an area in the office for training including practical manual handling. A staff member told us, "I have done lots of training, it has been a real mix of online, practical and shadowing."
- A robust induction was provided to new staff members to prepare them for the role and give them the skills, qualifications and knowledge required. One staff member said, "It was nice to have a good induction with one on one support."
- The registered manager provided regular supervisions for staff. One staff member commented, "I get regular supervisions and we have meetings. I'm able to approach office staff about anything and we're encouraged to do so."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have food and drink which they preferred and met their dietary requirements. One person said, "They help me with breakfast. I need to have things that are easy to cut it up, either boiled eggs or cereal. They know me well enough to make what I want."
- Staff had received specific training to support people with their nutritional needs, for example, food hygiene or diabetes care. Details of what support each person required was provided in their care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were recorded. Staff knew people well and calls were provided by regular staff, this enabled them to effectively identify any concerns which might indicate a deterioration in health.
- Staff had responded appropriately when people became unwell, seeking medical assistance and liaising with both management and healthcare professionals to achieve good outcomes for people.
- Both staff and the registered manager developed good relationships with visiting nurses and other professionals to make sure they shared information. One social care professional complemented the

person-centred and empowering care that the service provided. For example, arranging additional support for a person who was reluctant to have care calls, to allow staff to build rapport with them.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care was delivered in line with MCA and best practice guidance. One person told us, "They always ask me what I need help with. There's no chance of [staff members] just telling me what to do. I'll speak my mind and they do what I ask of them".
- Staff had received specific training around the MCA and DoLS and were able to tell us how people's capacity was assessed. One staff member told us, "Every call is a mutual build-up of trust. We always communicate with the person and the responsible family member about consent. If matters involves some kind of official legal proceedings, we always communicate this with the office."
- No one using the service at the time of the inspection was subject to a community DoLS.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they felt involved in their care and staff treated them well. One person said, "They are very caring. Like they are friends to me." A relative added, "Staff are kind and caring, they are very skilled at meeting [my relatives] needs."
- Staff knew people well and understood their individual needs. One person commented, "I have a different culture. When I tell them, they are so friendly and interested. They are so eager to make my favourite food from my country."

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and make decisions about their care. When asked whether they felt involved in their care, one person said, "Yes, they really do involve me, they ask what I want and they do everything I ask."
- Relatives told us that communication from the office was good and they informed about any changes in the person's condition or wellbeing. We saw evidence in daily notes of people and relatives being updated regularly.
- Care plans included information about people's views and choices. Staff told us they had enough time to get to know people and the consistency of going to the same people helped with this. Care plans were regularly reviewed, and the people felt confident in contacting the office should they require any changes with their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and staff encouraged them to remain independent.
- People and relatives told us that their independence was promoted. One relative explained, "They assist [relative] to walk to the shower and step into it. They try to encourage [relative] as much as possible. When they first started, [staff] had to do everything but now [my relative] is much better, doing more themselves."
- Staff respected and promoted people's privacy. For example, one person did not have curtains in their property. With consent, these were sourced by the agency to ensure the person's dignity was maintained whilst receiving care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew people well, including their likes and dislikes. Care plans had details of how people preferred their care to be provided in line with their daily routines. One person told us, "They know me well, they met with me and asked me what I wanted help with."
- People's care plans were regularly reviewed. We saw examples of this in care plans and it was clear that people's feedback and input had been sought.
- Where a person's needs changed, staff would inform management to ensure additional support was provided and care plans were updated. Staff told us when a person's needs changed, they would be updated via telephone by the office.
- The registered manager and office staff arranged social gatherings for those people who wished to partake. This reduced the risk of social isolation for people who did not have alternative interaction with others, such as family. For those who wanted to be involved, but could not get to the office, staff would do an additional social visit. For example, when there was a charity bake-sale staff took cakes round to those who could not leave their properties.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented in their care plans. This included any information about sensory impairments and how staff should support people with these.
- Adaptations were made to support people where required. For example, we saw a birthday card which had been purchased for a person who was without sight and the staff team had recorded an audio message within it to wish them happy birthday.

### Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if needed. One relative told us, "I haven't had any complaints to make. If I did, I would go to [the registered manager]. He always responds to my communications."
- The provider had a suitable complaints policy which was readily available to people and their relatives. The service had not received any complaints.

#### End of life care and support

- People's end of life wishes were documented in their care plans. The staff had taken part in training to help them understand about caring for people at this time.
- The registered manager and staff worked closely with people, their relatives and other healthcare professionals to ensure the right care and support was provided in line with people's wishes.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had embedded an open and inclusive culture across the service. People were specifically matched with care staff who they had something in common with, which increased empowerment and person-centred care. All staff spoke positively about the management of the service.
- People and relatives spoke of the positive nature of staff when they visit and how this made them comfortable with care staff in their homes. One said, "They all seem in good spirits when they come." Another said, "They are a happy bunch, never complaining."
- The registered manager had built good relationships with health and social care professionals, for example, social workers and community nurses. Professionals spoke positively about the registered manager and service, one told us, "[Registered manager] was always very communicative and caring towards our mutual client and he went out of his way to ensure that their needs were met as best he could."

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

- The service was well run and there was a clear staffing structure. Staff were aware of their roles and responsibilities.
- The provider had an effective quality assurance system. The registered manager completed regular audits, including areas of health and safety, medicines and support plans. We saw actions were recorded. For example, when a staff member was late for a call, they would receive additional supervision. The provider had oversight to support development and improvement of the service.
- Staff spoke positively of the registered manager and office staff. One staff member told us, "[Registered manager] is such a great person to work for. He is really supportive. I never feel like he's looking over my shoulder, he trusts us and this really motivates to do my job well."
- The registered manager demonstrated a good knowledge in relation to the duty of candour.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- People and their relatives had the opportunity to give their views on their support plans and care

provided. One person told us, "They phone me often, I find it's a common courtesy. They are very understanding that I like to be kept informed and involved."

- Staff told us they felt listened to, valued and able to contribute to the development of the service and improvement of care. One staff member said, "We are asked for our views, in fact we are encouraged to give feedback to the [registered] manager and office staff."
- The registered manager told us how he strived to keep communication open with people and staff. He stated, "I meet regularly with staff, sometimes care isn't for everyone but I want them to be able to tell me that and us sort something out rather than risk leaving someone without care provided by someone they know." The agency also run a 'Carer of the Month' award scheme to recognise the hard work by staff.

#### Continuous learning and improving care

- We found the service had processes in place to continually learn from any incidents that occurred, or concerns raised. Learning points were discussed in supervisions or meetings.
- Staff told us that they can request additional training should they be supporting a person with a specific need or have a unique area of interest. The registered manager promoted a continuous learning approach and shared with us details of training sessions they were in a process of implementing.

#### Working in partnership with others

- The registered manager has a good working relationship with other professionals to achieve good outcomes for people. For example, social workers, community nurses, GPs and dentists. One professional said, "I only have positive things to say. [Registered manager] is very approachable and is excellent at replying to any queries in a timely manner. The agency are very flexible and review the situation when required."