

# Twilight Recruitment Ltd

# Coventry

## Inspection report

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03 May 2022  
06 May 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Coventry Twilight Recruitment Limited is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults, people living with physical disabilities, people living with sensory disabilities, people with a learning disability, autistic people, people with mental health support needs, older people and people with dementia. At the time of our inspection the service was supporting one person who was receiving 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

People's needs were assessed before they started using the service. People and relatives were involved in this initial assessment and this formed their plan of care.

The person supported received care and support consistently from one staff member who knew them very well and how to keep them safe from harm, injury and risks of abuse. The provider had identified some risks, and basic risk management was included in the person's plan of care. However, more detail and greater depth of information was needed in risk management, which the registered manager assured us they would add.

The person felt safe during their care calls and gave us positive feedback about the service. The person and their relatives described the provider and staff member as kind and caring toward them. The staff member followed healthcare professional guidance in supporting the person.

The provider and staff member had completed training. The provider understood the importance of training staff when they recruited them in the future as their business grew.

Some quality checks took place on records, but these were not always recorded and were limited. Further improvement was needed.

There had been no missed care calls. People had no complaints about the service.

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.

### Rating at last inspection

This service was rated Requires Improvement and the report was published January 2020.

### Why we inspected

At our last inspection we found a breach in the regulations of safe care and treatment and a breach in the

regulations of the provider's quality monitoring systems. This inspection took place so we could monitor the improvements the provider told us they had made.

#### 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?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

# Coventry

## 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. One inspector used technology such as electronic file sharing and video or telephone calls to engage with the registered provider, a person using the service and staff. The other inspector visited the registered provider's office on 06 May 2022.

#### Service and service type

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

#### Notice of inspection

This inspection was announced.

We gave service short notice to the registered provider on 03 May 2022. This was because we needed to be sure they would be available to attend a video-meeting with us and be available to support the inspection visit to their office on 06 May 2022.

Inspection activity started on 03 May 2022 and ended on 11 May 2022.

#### What we did before the inspection

We reviewed the information we had received about the service. 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.

#### During the inspection

We used technology such as video calls and telephone calls to enable us to engage with one person and their relative who used the service to gain their feedback. We also spoke with the provider and one staff

member. We used electronic file sharing to enable us to review documentation. This included one care plan and medication record, policies and procedures and audits the registered provider used to assure themselves they provided a safe service.

We visited the registered provider's office and reviewed records including one staff recruitment file and quality monitoring systems. We spoke with the provider, who is also the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# 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 Requires Improvement. This meant people were not consistently safe and or protected from avoidable harm.

At our last inspection the provider had failed to assess the risks to people's health and safety or take steps to mitigate those risks. The provider had not always ensured staff were recruited in a safe way and this had posed potential risks to people. The provider had not always ensured staff providing care to people had the qualifications, competence or skills or experience to do so. This was a breach of Regulation 12 (safe care) 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 12. However, further improvements were still needed in risk management.

### Assessing risk, safety monitoring and management

- At the time of this inspection, all care calls were consistently undertaken by one staff member. This staff member knew the person very well and had supported them for several years. The staff member was able to tell us how to keep the person safe from any potential risks of harm or injury. Relatives chose to provide support to their loved one themselves in the event the staff member was on leave.
- Some risks had been assessed and gave basic guidance to tell the staff member what to do. For example, the person liked to talk to people in the community and on occasions this included hugging or greeting strangers inappropriately. Guidance informed staff of the actions to take at these times.
- The staff member knew how to support the person with their mobility. Whilst the person had not had any falls, the staff member described them as unsteady when they were walking. They told us the person's relative used a walking aid with them but they linked hands to support them and this was in line with the care plan guidance and the person's wishes.
- The person was also known for spraying excess deodorant in their home. This person's care plan did reflect they sprayed lots of deodorant about their home, but did not detail what actions staff should take. The staff member was able to tell us how this was managed, and this included them distracting the person to engage in interests, and themselves (staff) wearing a face mask in the person's home due to, at times, excessive use of deodorant spray. They also told us they opened windows for ventilation, when possible, to protect the person from breathing this in. Improvement was needed to increase the detail in the person's risk management plan so staff could refer to this if needed, which the registered manager said they would do.

### Systems and processes to safeguard people from the risk of abuse

- The provider had reviewed their safeguarding people from abuse policy following the last inspection. The policy informed staff what actions they should take if abuse was suspected.
- The person felt safe and protected from the risks of abuse when their care calls took place. Their relative said, "I feel they are safe with the care staff member."
- The staff member understood the importance of reporting any concerns they had and told us, "I would

report anything I was concerned about straight away to the manager."

- The provider understood their legal responsibilities to inform us about specific incidents and had done so when required.

#### Staffing and recruitment

- The provider had reviewed their recruitment policy following the last inspection. Improvements had been made and the policy was detailed and referred to the pre-employment checks that would be undertaken prior to offers of employment.
- The provider had implemented a 'recruitment check-list' for their use to ensure dates related to the recruitment of staff and pre-employment check requests were recorded.
- At the time of this inspection, the provider was employing one member of care staff and we reviewed their employment file. Improvement had been made to ensure information about pre-employment checks including references and a DBS (criminal record check) were contained in the staff file.

#### Using medicines safely

- At our last inspection we had not reported on this area because we had been told no one was supported by staff to take their medicines. On this inspection, the provider told us the staff member supported one person with their prescribed medication.
- The provider had reviewed their medication policy following the last inspection, which informed staff how to safely administer medication and complete a medicine administration record (MAR).
- The provider and staff member had completed training the safe handling of medicines.
- We reviewed one person's MARs, and these recorded they had received the support they required to take their prescribed medication.

#### Preventing and controlling infection

- The provider had engaged with Warwickshire County Council during the COVID-19 pandemic to ensure they complied with government guidance and used protective equipment (PPE) effectively.
- The provider told us they continued to have adequate stocks of PPE and the staff member confirmed this to us. The staff member told us, "I always wear PPE, and this includes a face mask. I have completed infection prevention training."
- The person supported told us, "She [staff member] is very good, always wearing a face mask."

#### Learning lessons when things go wrong

- The provider told us they felt they had learned a lot following our last inspection. They said, "Things were not as they should have been at the last inspection, information was not in the files and I am now more confident things are in place. It's a job I love doing but the paperwork side of things had not been as it should have been."



# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection, this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When people 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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- The person was supported in their own home and they were not restricted in any way by the staff member supporting them.
- Both the provider and staff member understood the importance of gaining a person's consent on a day to day basis when supporting them with personal care.
- The provider and staff member consistently worked within the principles of the MCA, and gave choices and gained consent from the person, however, improvement was needed to include this in the plan of care so information was available to be referred to if needed. This is further reported on in the well-led section of this report and the provider told us our feedback would be acted upon.

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

- The staff member gave us examples of how they worked collaboratively with the person's Occupational Therapist (OT). The staff member told us, "The OT has given me guidance on how to use puzzle, spelling and maths books in a positive way to promote mental stimulation." The person told us, "We are doing spelling and adding numbers this afternoon as I don't want to go outside today."
- The provider shared examples of working with healthcare services. They told us, "The person's GP completed a medication review and made some changes. We give feedback if we have any concerns."

Staff support: induction, training, skills and experience

- The provider and staff member had completed training needed for their roles. The staff member told us, "Since the last inspection, I have updated online training. Training has also included information on COVID-19 and safely using personal protective equipment (PPE). I feel I have the skills needed for my job."

- The person's relative told us they felt the staff member had the skills they needed for their role. They said, "It took a while for [name] to get to know my relative, but now they understand them well and have the right skills to care for them."
- Since our last inspection, no new staff had been recruited. However, the provider had an induction and training plan, and this also included updates and refresher training for themselves and their staff member.

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

- The staff member supported the person with food and drink preparation of their choice. The staff member told us, "There is plenty of choice and [name] will tell me what they would like."
- The person told us, "I can get my own drink now from the fridge, but [staff name] help me as well."

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection, this key question has improved to 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; Supporting people to express their views and be involved in making decisions about their care

- A relative told us, "The staff member is very good and very caring. Also, a hard worker and I have no complaints at all, the care they give is very good."
- The person supported told us they were involved in making day to day decisions about their care and described their staff member as 'kind'.

Respecting and promoting people's privacy, dignity and independence

- Independence was promoted by staff. The provider shared examples of the progress made in the person's level of independence and how they worked collaboratively with their staff member. For example, the person had been supported and encouraged to make their own bed, tidy their room and wipe their table.
- The staff member gave examples of how they promoted privacy and dignity by ensuring doors and blinds were closed. They also told us, "I know [person's name] very well, I have supported them for many years. It is about slowly encouraging them to do things they can do for themselves, rather than telling them to do things. It may be little things, but it is still promoting their independence."
- The person supported told us they were 'happy with their care' and their relative agreed they were very happy with the care and support given. The relative told us, "I have told the manger [provider] that if the staff member is on leave and cannot do the shift, then not to send anyone else, instead family members will give the support. This is because [name] is very particular about who they have, and they have had this same staff member for years and also because of COVID-19 we want to be very careful about who is going into their home."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection, this key question has remained Requires Improvement. This meant people's needs were met not always met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Prior to care calls commencing, the provider told us they would meet people and their relatives to discuss their care and support needs to ensure these could be met. We reviewed a written record of the initial assessment, which reflected preferences were recorded and opportunities given to explore protected characteristics under the Equality Act 2010.
- The person and their relatives said they felt involved in the care planning process. On a day to day basis care and support was tailored to meet individual needs and preferences.
- Some further improvement was needed to the person's plan of care. Whilst the plan of care gave information about tasks to be completed, this was basic. For example, the section on personal care informed staff what support was needed but did not state whether the person could be left independently in the shower and would call for support when needed or whether the staff member should stay with them. This was not detrimental to the person's care because their staff member had supported them for many years and had developed a positive professional relationship, knowing the person very well and what care and support was needed and how to maintain their safety. However, in the event of new staff, more detailed information was required so it could be referred to when needed.
- The provider told us they met with the person and their relative to review their care needs with them and ensure the correct support was being given. A person's relative confirmed this to us. However, reviews were not recorded in the plan of care. The provider recognised the need to formally record the verbal reviews that took place.

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 had been assessed and were documented in their plans of care. However, the information recorded was basic and did not provide guidance for potential future staff, to refer to if needed, on the importance to speak slowly and clearly. The existing staff member told us this was important for the person's effective understanding or what was being communicated to them and their ability to verbally communicate back.

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

- The plan of care gave information about the person's hobbies and interests, which their staff member knew of and used as topics of conversation with the person.

Improving care quality in response to complaints or concerns

- The provider had reviewed their complaints policy following the last inspection. Improvements had been made to ensure people had more detailed information they needed to refer to. However, we saw the provider had not updated their postal address after their move to a new office over a year ago. We pointed this out to the provider and immediate action was taken by them to update information.
- The provider had not received any complaints and the person and their relative were happy with the care and support provided.

End of life care and support

- The provider was not currently supporting anyone with end of life care at the time of our inspection. Therefore, end of life care and support is not reported on during this inspection.
- The provider told us if this was a service people wished to receive, they would refresh training and skills in this aspect 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 our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (governance) 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 17. However, further improvements were still needed. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

Managers being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Some quality checks on records took place. For example, we saw the provider had noted a medication administration record for a check to be made about an entry, which was done.
- However, further improvement in quality checks were needed. For example, there was no record maintained of quality checks on the person's plan of care. We saw a scribbled-out entry by the staff member (that should have been crossed through with a single line) that had not been addressed by the provider.
- The provider's unrecorded quality checks on the plan of care had not identified the need for further detail that we identified. This included information on the person's mental capacity, greater depth in detail about their personal care support needs, risk management and communication. Whilst there was no detrimental effect found in the day to day care and support given, the quality checks required further improvements to ensure detailed information was available to be referred to by staff, if needed and actions for improvement be made in a timely way.
- The provider told us more systems and processes for quality checks would be developed when they had more people and care calls. However, we explained the regulatory need to have these in place and this was why further improvement was required.
- Feedback to us about the provider from a relative and staff member was consistently positive.
- The provider recognised the potential risks of being a small service and in the event of themselves being unable to work, office management would need to be covered. The provider had a contingency plan for the other director of the business, to temporarily oversee the office in their absence.
- There had been no missed or late care calls to people. A relative told us, "The staff member is very punctual, never late." The provider recognised the importance of a care call monitoring system, however, they told us they had not been able to financially continue with this feature whilst having only a small service. They told us they would purchase this in the future as their business developed and grew.

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 provider was aware of their legal responsibilities under the duty of candour.
- The provider understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) of certain events and their legal obligation of being open and honest

with people who used the service. They had sent statutory notifications to us when required.

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

- A relative told us they were verbally asked for feedback and shared only positive feedback with us about the service they received.
- The provider told us they had regular conversations with the person supported and their relatives, however, the feedback and dates of discussions were not recorded. We discussed the importance of formal feedback systems with the provider and they told us when they had more people to provide care calls to, they would send survey forms to them, which were available.

Continuous learning and improving care; Working in partnership with others

- The provider told us they were keen to learn from the last inspection and had worked to make improvements. For example, numerous policies had been reviewed and contained more detailed information.