

Caxton Recruiting Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Caxton Recruiting Services Ltd is a domiciliary care agency providing personal care to 3 older people at the time of inspection.

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

There were continued failings across the management and oversight of the service. The provider had not made improvements following our last inspection, and we identified further areas of inadequate practice.

Risks to people were not suitably assessed or addressed. Staff recruitment practices were not always robust. Potential safeguarding concerns were not reported in a timely manner.

Staff did not receive sufficient training and were not always able to understand elements of their role. People were not always suitably supported with their nutritional needs.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's care files did not identify whether they had end of life wishes. Concerns and complaints were not always promptly responded to. Care records required further personalisation to ensure people were supported in the ways they preferred.

People and relatives did feel they were cared for well. Staff received an annual appraisal of their needs and regular spot checks.

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

Rating at last inspection

The last rating for this service was Requires Improvement on 22 May 2019 (report published 25 July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

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

Enforcement

We have identified breaches in relation to safe care and treatment, staffing, fit and proper persons employed, safeguarding, need for consent, receiving and acting on complaints and good governance and record keeping at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

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?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Caxton Recruiting Services Ltd

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

This inspection was carried out by one 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.

What we did before the inspection

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 reviewed other intelligence we held in relation to the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the administrator. We reviewed the care records of the three people using the service. We also reviewed five staff files and looked at a range of other documents in relation to the management of the service.

After the inspection

We spoke with two relatives of people using the service and two staff members.

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 now deteriorated to Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff recruitment processes were robust. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Staff recruitment records continued to be lacking in a full record of their employment history. One staff record had an updated CV, but this was not consistent through the other records we reviewed.
- Records did still not always contain suitable professional references to evidence conduct in previous employment. There was a risk that people were not supported by staff suitable to carry out the role.
- A rota system was not always in place, with the registered manager advising that for one care package the family members liaised with care staff directly. The registered manager did not ensure that potential risks to people were safely managed, nor that they had oversight of staff duties and whereabouts.

Learning lessons when things go wrong

- At the time of inspection records showed that the provider had not had any incidents or accident since our last inspection.
- However, we found there were potentially two safeguarding incidents. The provider had not ensured that incidents were always appropriately recorded and investigated.
- Furthermore, the provider had not taken action to learn and make improvements following our last inspection.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we made a recommendation in relation to improving staff safeguarding knowledge.

- At this inspection we identified continued concerns, with staff unable to tell us how they would raise a potential safeguarding concern should the provider not investigate appropriately.
- Furthermore, from reviewing records and speaking with relatives we identified two potential safeguarding concerns that had not been recorded, investigated or reported accordingly.
- We raised this with the registered manager who told us they would ensure this was raised. However, we were not satisfied that the potential risk had been recognised in a timely manner. There was a risk that people were not suitably safeguarded from the potential risk of abuse.

This is a breach of regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Potential risks to people were still not reviewed in line with people's changing needs. At our last inspection we raised concerns in the relation to the inadequacies of one person's risk assessment. This inadequate risk assessment remained as the most current record within their care file.
- Risk assessments did not fully support staff to mitigate the risk of an incident occurring.
- People presenting with multiple support needs had one generic risk assessment. Risk assessment records were not specific in ensuring staff were equipped with enough guidance to meet each specific area of a person's care needs.
- One person for example, had a care plan that referred to support with skin integrity. There was no specific guidance in place to ensure staff were able to support people with this need. Another person had a diagnoses of a particular health condition, with no risk management plan to guide staff as to how to mitigate any risks the condition may pose.
- A relative reported that their family member needed to be positioned correctly to mitigate a choking risk at mealtimes. There were no risk assessments in their file referencing this need, or a record of liaison with other healthcare professionals to manage this risk.

Using medicines safely

- People's medicines administration records were completed accordingly. However, there were no medicines risk assessments in place.
- One person had a generic risk assessment that referred to the use of covert medicines administration. There was no professional guidance in place to support this practice, so staff would not be clear how to administer this safely or know which medicine the risk assessment referred to.

These issues are a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff told us they were provided with suitable personal protective equipment to prevent the spread of infection.

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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Staff training was not effective in supporting them to carry out their roles. At our last inspection we identified that inadequate time was allocated to staff training to ensure they were competent in their roles. No improvements had been made at this inspection.
- Additional concerns were raised with a lack of staff knowledge in relation to fundamental skills required, to enable them to carry out their roles. For example, staff were lacking in knowledge of safeguarding, Mental Capacity Act 2005 and whistleblowing.
- One staff member told us they had not received medicines training despite supporting people with medicines administration.

Systems were either not in place or robust enough to demonstrate staff were adequately supported to perform their duties. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some improvements had been made to support staff through an annual appraisal and increase the frequency of staff spot checks.

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 Act 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.

- Staff did not understand the principles of the MCA and were unable to convey to us that they knew the importance of supporting people to make their own decisions.
- One staff member said, "I have not worked in that area."
- Records did not clearly specify whether people had capacity. Furthermore, people did not have copies of service agreements within their care files. The registered manager told us she used to have them but was unable to locate them. We could not be clear whether people had consented to the care they received as records were not accurate or up to date in reflecting people's needs.
- Despite the above, relatives did tell us that staff sought consent when supporting people. We raised the above issues the provider who told us they would take action to address them. We will review their progress at our next inspection.

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

- People's care records could have been more personalised to ensure people's meal preferences and choices were clearly reflected.
- Staff recorded in people's daily records what meals they had eaten during the day.

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

- We were not assured that people's care needs were always highlighted to the relevant professionals. A lack of risk assessments to meet particular needs for example, in medicines management showed that other healthcare professionals were not always consulted.
- A relative said, "I'm not told in a timely manner by staff, my relative has to tell me." We were not assured that staff were prompt in managing a change in people's needs.
- Records showed that people were supported by other healthcare professionals, such as a district nurse.

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 Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Records required further detail to specify what people could and couldn't do for themselves.
- Relatives did tell us that people were treated with dignity and respect by care staff.
- Whilst relatives were positive about the relationships staff had developed with people; we could not be assured that the provider reflected the same nature due to the lack of response in ensuring people's needs were met in a timely manner.

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

- Relatives told us they felt that care staff treated their family member well.
- A relative said, "I have not changed the agency as some of the carers are very good and have built a relationship with them."

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

- People's care records allowed for sign off by people or their relatives, however these were not always signed.
- Staff understood the need to read people's care plans in order to familiarise themselves with people's care needs.

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 now remained the same.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- At our last inspection we were not shown any written records of complaints or concerns.
- At this inspection the provider was able to show us complaints records, with no complaints or concerns being recorded since 2017.
- However a relative said, "I'm not sure what action has been taken and I'm not receiving feedback in relation to the concerns I have raised. We share all our concerns and no changes have been made." We were not assured that management were responsive to concerns raised.

This is a breach of regulation 16 (receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- At our last inspection, people's care records did not include their end of life care preferences.
- At this inspection the provider had still not taken action to ensure that people were asked about their end of life preferences. Nor did care records reflect whether people had a Do Not Resuscitate order in place.

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

- People's care needs were not consistently recorded to ensure that staff could deliver personalised care.
- One person's contained details as to their meal preferences. However, care records did not include people's preferences as to how they liked their care to be delivered or specify the ways in which they wanted staff to support them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of inspection care records did not clearly define whether people had a sensory impairment. Improvements were needed to ensure the provider clearly reflected these needs and took action to meet them.

This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

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 Inadequate. At this inspection this key question has now remained the same.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure good governance systems were in place to drive improvement across the service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had not taken action to improve the care people received. The provider had repeatedly failed to pick up and/or act upon all the issues we identified at their last and this inspection.
- People's risk assessments and care records had not been updated to reflect key presenting needs.
- The provider had not ensured that potential safeguarding concerns were recorded, investigated or reported appropriately.
- People and relatives were not assured that concerns were adequately raised or responded to.
- Staff were not suitably trained to carry out their roles and continued to express limited knowledge in some key areas of their duties.
- The provider had failed to implement quality monitoring systems to monitor care delivery, despite this concern being raised at their last inspection.

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

- A relative said, "There is no coordinator and it has gone downhill. There should be someone, but the old coordinator wasn't replaced. As there is no one overseeing them they are doing what they like. The registered manager has no urgency in dealing with things. The agency isn't run properly or competent."
- Another relative referred to the registered manager in the wrong gender. People and relatives were not always clear on who had day to day management oversight of the service.
- Staff rosters were not always in place to support people and staff. There were no records to show that staff were regularly supported through supervision. Care plans did not always reflect people's needs or define their personal preferences.

There was a lack of management oversight and quality review to ensure that the service was adequately run. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were subject to regular spot checks of their work. People and relative views were also sought through regular telephone monitoring.

Working in partnership with others

- Records showed that the provider had worked with the local authority where necessary to review people's care needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not adequately assessed, medicines were not managed safely and appropriate action was not taken to mitigate risks to people.

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding processes were not effectively established and operated.

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not always promptly recorded or responded to.

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were inadequate in recognising and driving improvement across the service.

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment processes were not always carried out effectively</p>

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not equipped with suitable knowledge to carry out their roles, and did not always receive regular support to carry out their duties</p>

The enforcement action we took:

We imposed conditions on the provider's registration.