

# Twilight Recruitment Ltd

# Nuneaton

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We inspected this service on 19 November 2018 and the inspection was announced.

Twilight Recruitment Limited is registered to provide personal care support to people. At the time of our inspection the agency supported six people and employed three care staff.

This service is a domiciliary care agency. It provides care to older people living in their own homes. This was the first inspection of Twilight Recruitment Limited since their registration with us in January 2018.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their care calls at the times they expected and from staff they knew. There were sufficient staff to cover all the planned calls to people.

The provider shared their complaints policy with people when they started to use the service so they knew how to make a complaint. People and their relatives told us they currently had no complaints about the service.

Overall, people managed their own medicines. Staff supported people with prescribed creams and improvement was needed to ensure a consistent approach and administration records were kept.

People told us they felt safe using the service and staff knew how to protect people from the risks of abuse. Care staff were safely recruited and completed an induction and training so they had the skills and knowledge to meet people's needs effectively.

Care plans listed most agreed tasks to be undertaken, but there was no detailed plan of care to tell staff how tasks should be completed. Risks assessments did not detail how identified risks should be mitigated by staff.

Overall, people made their own arrangements to access healthcare professionals, though staff said support would be given if needed.

People were supported to maintain their privacy and dignity and staff encouraged people's independence where possible. People received their care and support in an unrushed way from staff who had the right skills and experience. People's consent was gained before care was provided to them and staff involved people in making choices about their support.

People and their relatives were involved in planning their care and support. Care staff knew people well and worked alongside the provider when they started working for the service.

Everyone spoken with was satisfied with the service provided and the way the service was managed. The provider had policies and procedures, though some required improvement. The provider had some systems to check the quality of the service, though auditing systems had not been fully implemented.

People and their relatives were encouraged by the provider to share their views about the service during care reviews. Care staff felt supported and valued by the provider.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Overall, people's safety was maintained because staff knew people well. However, the provider had not recorded the actions staff needed to take to mitigate identified risks of potential harm or injury people. Prescribed creams were not recorded in a way that ensured a consistent approach was taken by staff. Staff were recruited safely and there were enough staff to undertake care calls at the times agreed.

### Is the service effective?

**Good** ●

The service was effective.

Care staff had been inducted into the service and had completed the training the provider thought important to ensure staff had the knowledge and skills they needed to deliver safe and effective care to people. The provider, registered manager and care staff all worked within the principles of the Mental Capacity Act 2005. People's consent was gained before personal care tasks were undertaken. Support would be given, if needed, to people with nutritional needs or accessing healthcare services.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people well and respected them as individuals. People were supported by staff who were kind and patient and encouraged people to maintain their independence. People's privacy and dignity was promoted.

### Is the service responsive?

**Good** ●

The service was responsive.

People were supported by staff they knew and at times agreed with them. Information in care plans was personalised. Agreed support tasks were listed in care plans but did not contain detail about how staff should undertake these, however, because staff knew people well they knew how to undertake tasks. People and

their relatives had no complaints.

**Is the service well-led?**

The service was not consistently well led.

The provider's policies and procedures and some systems to assess and monitor the quality of the service provided required improvement. People's care was reviewed and people and their relatives felt happy with the services provided. Staff felt supported by the provider and registered manager.

**Requires Improvement** 

# Nuneaton

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 19 November 2018 and was announced. We gave the service two days' notice of the inspection because the provider / director is out of the office every day providing care to people and the registered manager works part-time. We needed to be sure the director and registered manager would be available to speak with us

This was a comprehensive inspection and was undertaken by one inspector. This was the first inspection of Twilight Recruitment Limited since registering with the Care Quality Commission (CQC) in January 2018.

Prior to our inspection visit, we reviewed the information we held about the service. We looked to see if the service had sent us any statutory notifications and we contacted local authority commissioners. A statutory notification is information about important events which the provider is required to send us by law. Commissioners are people who work to find appropriate care and support services for people and sometimes fund the care provided. No concerns were shared with us.

Before our site visit, we had telephone conversations with three people who used the service and four relatives to gain their feedback on the services provided. During our site visit we spoke with two care staff, the registered manager and the provider/director.

We reviewed four people's care plans, daily records and risk assessments. We looked at three staff recruitment files and the provider's policy file. We also looked at the management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

# Is the service safe?

## Our findings

During this first inspection of the service, we found improvements were required in risk management. The rating of this key question is therefore Requires Improvement.

People felt safe with care staff providing care and support to them in their own homes. One person told us, "Staff let themselves into my home, but call to me they are here. They have become more like my friends now than care workers, I feel very safe with them coming into my house." Staff had received training in safeguarding people against the risks of abuse and understood their responsibilities to report any concerns. One staff member said, "I'd call the police if something was urgent, I'd also tell my manager and you (CQC)." Discussion with the provider and registered manager demonstrated they understood the correct procedure to follow to report any concerns raised with the local authority and to share information with CQC. There had so far, during 2018, been no safeguarding incidents.

One relative told us their family member had, at the start of the service, experienced one missed call, but added, "Since then, calls have always been at the agreed times and even if staff are going to be just a few minutes late, they phone to tell my family member." No one else told us they had experienced any missed calls and said they were 'very happy' with the consistency of call times. The provider told us they were not aware of any missed calls, however, had no call monitoring system so that checks could be made to ensure people received their calls at the agreed times. The provider told us, "A call monitoring system is something we will think about implementing, especially as we grow in customer numbers."

Risk assessments were documented but did not describe actions staff should take to mitigate identified risks. For example, one person's care record stated they were 'very unsteady' but their moving and handling risk assessment gave staff no information about how to reduce this person's risks of falls. Another person had, prior to using the service, experienced falls but their moving and handling risk assessment only stated 'rotunda' (equipment used to transfer people) and gave staff no information about how this equipment should be used safely to support this person and minimise risks of falls.

Some people had specific health conditions that posed potential risks to their health and wellbeing. Whilst staff were aware of people's health conditions and told us if they had any concerns they would telephone 999 for help, they did not always know the signs and symptoms of the deterioration of a health condition, such as diabetes, or when action was needed. The provider assured us they would add information about people's health conditions to their care plan to give guidance to staff as to when the person may need of professional healthcare support.

The provider had a recruitment process to ensure, as far as possible, risks to people's safety was minimised. Both care staff spoken with told us they had interviews and pre-employment checks before they started delivering care calls to people. Staff recruitment records confirmed checks with the Disclosure and Barring Service (DBS) were obtained to ensure staff's suitability to work with people in their own homes. The DBS is a national agency that keeps records of criminal convictions.

There were enough staff to undertake the care calls planned for. The provider told us the service was still 'very small' and they undertook most care calls themselves. The provider employed a registered manager and two care staff who worked part-time and also undertook care calls.

People told us they always knew the staff who came to support them and had consistency in their staff. Staff told us the provider was always available to telephone if support was needed. For example, one staff member told us, "I mainly do weekends, if I need to contact the provider I can just phone them."

The provider told us people managed their own medicines and therefore no medicine administration records (MARs) were kept. However, staff told us they applied prescribed creams to people's skin. Whilst a body map was available this did not consistently tell staff where on a person's skin creams should be applied. We discussed the safe management of prescribed items with the provider who told us detailed body maps would be put in place, together with a MAR, so staff had clear instructions and consistent records of administration were maintained.

Staff understood the importance of preventing the spread of infection. One staff member told us, "We have gloves and aprons available that we can collect from the office and use in people's homes."

The provider had a system for logging accidents and incidents so that learning could take place when things went wrong. The provider told us so far, during 2018, there had been no accidents or incidents.



# Is the service effective?

## Our findings

During our first inspection of this service, we looked at how effective the service was and have given a rating of Good.

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." The provider, registered manager and care staff understood the principles of the MCA and the importance of obtaining people's consent before supporting them with, for example, personal care.

The provider told us people they provided a service to had capacity and could give consent to staff. One staff member told us, "It's people's choice, for example, if they want a shower that day or not. I ask them, we don't force people."

Everyone spoken with felt staff had the skills and experience needed to provide their care and support. One person told us, "They are excellent, I think they have the skills they need to care for me."

Care staff received an induction and spent time working alongside the provider on care call visits. One staff member told us, "I'd never done care work before, so I spent a few weeks working with [name of the provider] on the care calls to people. It gave me time to get to know people and how to support them."

As part of the provider's induction staff worked towards the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff must demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support.

Both care staff spoken with were complimentary about the quality of the training they received. The provider showed us certificates that confirmed staff's training and told us they would create a training matrix that they could refer to for easy reference to see when training updates were due. The provider did not yet offer developmental opportunities to staff, for example, to gain nationally recognised qualifications in health and social care, but said this was something they hoped to do as their company developed. In addition to team meetings, staff had one to one supervision meetings where they could discuss issues relating to their work.

Overall, people and their relatives met their own nutritional and hydration needs. One staff member told us, "I do help one person to prepare their breakfast. They need a little support so I help them with whatever they choose to have." Another staff member told us, "If someone wanted me to make them a cup of tea before I left, I would of course do that for them."

People and their relatives told us they made their own healthcare appointments and did not require staff to support them to access healthcare services. The provider told us if such support was required, this would be

offered to people. The provider added, "If we had concerns about someone's health, we'd speak with their relative to let them know."

## Is the service caring?

### Our findings

During our first inspection of this service, we looked at how caring the service was and have given a rating of Good.

People and relatives spoke very highly of the staff that supported them. One person described staff as 'first class' and a relative told us, "Staff don't rush my family member, the care is good and they go above and beyond the role."

One relative told us, "I think communication is one of their strengths. If I need to know something about my family member, the staff get in touch with me, which shows a caring approach." Another person told us, "I think they are really caring because they take an interest in me. They always have a smile and have time for me, they are like one of the family."

Staff spoke positively about their job role and one staff member said, "Supporting people makes me happy, I like my job." Another staff member added, "We go to the same people, so get to know them well." Staff felt they had enough time allocated to each care call and did not have to rush. One staff member said, "I have time to have a chat with people, because that is what they like."

People and their relatives felt staff respected choices made by them. One person told us, "They ask if I'd like a shower or not, they've never said, 'you must have your shower' or anything like that."

Staff gave us examples of how they maintained and promoted people's privacy and dignity. One staff member told us, "I always make sure the blinds are closed, the door is shut and I cover [name] with a towel when I help them have a strip wash on their bed."

Staff received training in diversity, equality and inclusion and demonstrated a good understanding about treating people as individuals. For example, staff told us the importance of getting to know people so their independence could be promoted, whenever possible, by staff. One staff member told us, "One person I support can do most things for themselves but just needs a bit of help with their personal care, but I encourage them to do what they can for themselves and then I do the rest." Another staff member told us, "One person I support is not able to do a lot for themselves, but their husband likes to help and be involved and the person wants this as well, so I always work alongside the person's husband so I do things in a way they both want."

## Is the service responsive?

### Our findings

During our first inspection of this service, we looked at how responsive to people's individual needs the service was and have given a rating of Good.

Everyone spoken with felt the service was responsive to their needs. One person said, "So far, I am very impressed." Another person said, "The staff come on time, they are always clean and well-presented, they help me with the tasks I need supporting with, so far so good."

The provider explained they undertook an initial assessment of people's needs. They told us, "All six people we currently support are privately paying customers so they tell us what tasks they would like support with and we agree the times and care calls with them."

People had individual care plans which contained an 'About Me' section. This gave people and / or their relative an opportunity to share personal information about themselves which enabled staff to take a personalised approach to their care and support.

Staff knew people well and could carry out agreed tasks in a way people wanted. However, individual plans of care consisted of a list of agreed tasks and lacked detail about how tasks should be undertaken. We discussed this with the provider and registered manager who agreed that whilst staff knew people well, more detail was needed in case staff covered a call to someone they did not know well. The provider and registered manager assured us more detail would be added to describe how agreed tasks should be undertaken in a safe way that was responsive to people's needs.

We looked at how complaints were managed by the service. Everyone spoken with told us they had no complaints. One relative told us they had raised one issue with the provider at the start of the service, this relative assured us their concern had been addressed and resolved by the provider. People and their relatives told us they felt the provider and care staff were approachable and felt any complaints would be addressed. So far, during 2018, there were no recorded complaints.

## Is the service well-led?

### Our findings

During our first inspection of this service, we looked at how well led the service was and have given a rating of Requires Improvement. This was because some systems and processes were not fully implemented or embedded into the service and improvements were needed.

The service was run on a day to day basis by the provider who undertook most care calls to people as well as undertaking the day to day office management. When we telephoned to give short notice of our visit, there was no one based at the office and a recorded message told callers 'do not leave a message, please text.' We discussed our concern about this with the provider who took immediate action to change the message. They assured us people and staff had their personal mobile telephone number, which people and staff confirmed to us. The registered manager told us, on average, they spent one day a week in the office undertaking managerial tasks associated with their role.

Staff felt supported by the provider and told us regular team meetings took place and the registered manager attended these to give support if needed. The registered manager had one to one supervision meetings with staff. Staff described both the provider and registered manager as approachable and willing to listen to them.

Some of the provider's policies and procedures were not always effective for the service provision. For example, the provider's whistle-blowing policy referred to raising a concern with the provider themselves or the 'Public Concern at Work charity'. There was no guidance for staff about how they could whistle-blow about a concern to the local authority or Care Quality Commission. The provider had two different safeguarding policies, whilst each one provided staff with key information, they were different. The registered manager could not tell us why they had two different versions. We asked the registered manager why they had a 'resuscitation policy' which related to a 'care home' setting. The registered manager told us, "I will check the policies file to make sure things are correct."

Systems were in place for quality assurance checks to be undertaken. Reviews of people's care and support had taken place and positive comments had been recorded. However, other systems that included spot-checks and audits had not yet been implemented by the provider. The registered manager and provider confirmed they had not yet undertaken quality assurance audits to assure themselves a safe and quality service was given to people. The provider told us they intended to develop a quality survey and undertake audits as the service developed further and grew in the number of people supported.

The provider did not have a documented contingency plan in the event of them (the provider) not being able to provide a service, for example, in the event of staff sickness. Because the provider themselves undertook most care calls and only employed a small team of care staff, this meant we could not be sure people would continue to receive their planned care in the event of the service experiencing an emergency. The provider told us the registered manager would try to be available to cover care calls if they (the provider) was poorly.

The 'Accessible Information Standard' (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The provider and registered manager told us people they currently supported could access written formats, such as the provider's complaints policy, shared with them. The provider recognised this was an area they would need to develop in recognition of people's different levels of communication.

We asked the registered manager and provider about their responsibility to submit statutory notifications because we had not received any since the service registered with us. A statutory notification is information about important events which the provider is required to send us by law. Overall, both the registered manager and provider demonstrated they understood their responsibility to submit notifications and the notifications required. The registered manager and provider, checked with us about some events as to whether they would be reportable and we reminded them of the CQC provider website that gave important information. During our inspection visit, we did not identify any events which we should have been notified about.

The provider showed us their insurance document, however, this had expired in November 2017 before the service was registered with us. During our inspection visit, the provider contacted their insurance company who sent a valid certificate to November 2019.