

Caxton Recruiting Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 14 September 2016 and was announced. We were however unable to gather sufficient evidence to support a robust judgement and provide a rating for the service as there was only one person using the service at the time of this inspection.

Caxton Recruitment Services is a domiciliary care service that provides personal care as well as general support to people in their own homes such as meal preparation, prompting medicines, laundry and general household support. The registered manager told us the service provided personal care to one person at the time of this inspection but that this was the start of a new contract the agency had recently gained. They expected to take on more work in the near future. The person concerned received 24 hour care each day of the week from this agency.

At the time of the inspection, there was 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.

We were told by those people we spoke with this was a good, safe service and said they were quite happy with it. They told us that the staff who supported them knew them and how to provide the care and support to meet their needs.

Appropriate risk assessments were in place that helped protect the person and staff in the delivery of care and support.

The person and their relatives told us there were sufficient numbers of staff who helped support them in the way they needed to be cared for. We saw the service had sufficient staff available to support people. Safe systems were used when new staff were recruited to ensure they were suitable to work in people's homes.

We saw evidence that the person received their medicines safely and appropriately. People told us they were treated with kindness and respect and was included in all decisions about their care.

We found that the provider involved the person and their relatives in planning their care and their views were sought when decisions needed to be made about how they were cared for. The service involved them in discussions to help keep them safe and promote their wellbeing. Staff treated them with respect and dignity.

The person and their relatives indicated that they felt that the service responded to their needs and individual preferences. Staff supported the person according to their personalised care plans. Care plans were reviewed annually or earlier if the person's needs changed.

We saw there was an appropriate complaints policy in place that people were aware of. People told us that the provider encouraged people to raise any concerns they had and responded to them positively and in a timely manner.

There was a clear management structure to ensure the service was running in a way that was efficient and effective in supporting staff and to ensure the quality of the service offered to people.

The provider had arrangements to deal with complaints and concerns that might be raised by people or their relatives. The registered manager asked people for their views about the care they received and acted in response to their feedback.

We received positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and there were arrangements for people to be asked for their opinions via surveys. Action plans were developed where required to address areas for improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There was not sufficient evidence to rate this key question as there was only one person using the service at the time of this inspection.

Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Recruitment practice was safe and thorough. The registered manager ensured that staff were appropriately qualified to meet the support needs of people who used the services. This helped to ensure that people's needs were met.

There was an appropriate policy and staff procedure to help administer medicines to people safely.

Inspected but not rated

Is the service effective?

There was not sufficient evidence to rate this key question as there was only one person using the service at the time of this inspection.

All staff had completed training before working on their own. They received regular supervision and this together with the training helped to ensure they were well informed and skilled to carry out their work.

The person who received care and support from this agency at the time of this inspection was capable of making their own decisions about their care. They received the support they required to eat and drink and to maintain their health.

Inspected but not rated

Is the service caring?

There was not sufficient evidence to rate this key question as there was only one person using the service at the time of this inspection.

Feedback we received from various sources showed that the staff were caring.

The staff knew how to treat people with respect and to protect their privacy and dignity.

Inspected but not rated

The staff were kind and helpful and knew the person they were supporting.

Is the service responsive?

There was not sufficient evidence to rate this key question as there was only one person using the service at the time of this inspection.

The provider had arrangements to involve people and their relatives in planning and agreeing to their care.

The care plan we inspected was based on a thorough assessment that was reviewed and updated so that the person's changing needs could be met.

People were aware of the complaints policy and were confident that any concerns would be dealt with appropriately via the complaints process.

Inspected but not rated

Is the service well-led?

There was not sufficient evidence to rate this key question as there was only one person using the service at the time of this inspection.

Staff were appropriately supported by the registered manager and the care coordinator.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The registered manager had implemented a variety of quality assurance methods so that they could regularly check the quality of the service being provided. They made sure people were happy with the service they received.

Inspected but not rated

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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.

The inspection was announced and took place on 14 September 2016. The provider was given 24 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

It was carried out by one inspector. Before this inspection we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and safeguarding alerts.

We spoke with two staff, the care co-ordinator and the registered manager. We inspected the only person's care file who used the service at the time of this inspection and three staff files. We also looked at other records related to the running of the service.

After the inspection we spoke on the telephone with a health care professional, one relative and the person who used the service.

Is the service safe?

Our findings

The person who we spoke with told us they felt safe using the service. Feedback we received from the person and their relative showed that they had the same staff each week and they trusted the staff and felt safe with them.

Staff said they always wore their uniforms and badges because they wanted people they supported to feel safe in the knowledge they were from Caxton. One member of staff said, "It is important for the person to know who the people going into their home is who they say they are."

Staff were able to describe the signs of abuse and the actions they would take to help safeguard people from abuse. One member of staff said, "The person must be made safe and if they weren't I would phone 999 for the police or ambulance. Then I would report the situation to my manager straight away." When we asked them if they had completed the training for safeguarding they told they had. We saw certificated evidence that staff had received training in safeguarding adults procedures. The registered manager told us all staff were required to undertake this training as part of the agency's mandatory training programme. The provider had a whistleblowing policy that staff told they knew how to use and would do so if they felt there was a reason to do so. This showed the person was supported by staff who have had training to recognise if people were at risk of harm and to understand what actions they were required to take.

We looked at the person's individual care plan and saw that it contained a comprehensive risk assessment that helped manage and reduce the risks to their safety. For example, where staff were assisting to help improve a specific condition of the person, the risk assessment gave detailed information on how to reduce the risks of deterioration of the condition. At the last review we saw that the care plan had been put into place for this and this has led to an improvement of the person's condition. The risk assessment information we saw assisted staff to help reduce identified risks. The risk assessments were developed with the person. We saw that the support plans and risk assessments were reviewed by the care co-ordinator after six months or updated earlier if the person's needs changed.

Accidents and incidents were recorded and the registered manager explained that they ensured the required actions were taken to help reduce any potential re-occurrences.

Safe recruitment practices were in place that helped to ensure people were protected against the risk of being supported by staff who were not suitable to work for the agency. Before staff started work at the service, a range of checks were carried out including criminal records checks, and their identities and addresses were also verified. Previous employment references had also been gained. Staff confirmed that these checks had been completed before they were allowed to start working with people who used the service.

At the time of the inspection feedback we received from the person, their relative showed that the provider employed enough staff to meet the needs of the person who was using the service. They also told us that staff usually turned up at the right time and that their support calls were not missed. The registered manager told us they arrangements in place to provide additional staff if this was required.

The person who used the service at the time of this inspection was prompted to take their medicines and staff assistance was provided where required. We saw that training in medicines management was provided to staff and that their skills were assessed to ensure they were competent and able to support people safely in this regard. We found daily records were kept on the person's file and medicines administration records were completed to ensure people received their medicines as prescribed.

Is the service effective?

Our findings

We were told by the person we spoke with that staff had the right skills and knowledge to give the support they needed.

When we inspected staff files we found all the staff had received comprehensive training. Staff confirmed this with us, they told us that the training provided was good and that they had induction training when they first started working in the service. They said their induction training was useful in helping them prepare to undertake their new roles and responsibilities and included shadowing more experienced members of staff as well as reviewing people's files and their care plans. The training records showed they had received training in the areas of their work that was considered mandatory by the agency. This they said included topics such as manual handling, the safe administration of medicines, infection control and first aid, which had helped them to meet people's needs more effectively. Competency assessments were carried out by the managers to check that staff continued to operate effectively. We saw evidence of this for example with the use of hoists.

Staff we spoke with during the inspection told us they felt well supported by the registered manager and the office staff. They said they were always able to ask for advice or support whenever they needed it. They told us they received regular supervision, unannounced "spot checks" of their work in the person's home and meetings at the office. The registered manager told us they carried out supervision with all the staff group. We saw documented evidence on the staff files we inspected that supported this and showed supervision was a regular feature of how staff were being supported. We saw a supervision matrix for all staff over the next year that scheduled six weekly supervision for all staff.

When we spoke with the registered manager they showed they had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty. The Mental Capacity Act 2005 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 person we spoke with told us they were asked for their consent by staff discussing and asking them about their support. They said they were able to make their own choices according to their wishes and preferences. A relative said staff were polite and professional and respected their family member's wishes.

The registered manager and staff told us that they would work with a person using the service and where necessary their relatives and any health professionals such as the GP to ensure appropriate best interests assessments were undertaken. We saw documented evidence for the one person whose care file we inspected that consent had been sought for the support offered by the staff. Staff told us they were aware of the importance of gaining consent for the support they offered people. One member of staff said, "I always ask [the person] what they want and how they want things done."

The provider had arrangements to support people with eating and drinking where this was part of their care package. The person we spoke with received support with their meal preparations and shopping for food. Their care plan gave detailed information about their likes and dislikes with food and drinks. We saw from our inspection of the person's file that staff monitored if the person was eating and drinking well or whether they needed to be concerned about their intake or take action.

Is the service caring?

Our findings

The person we spoke with and their relative told us that the staff were kind, helpful and caring. It was evident from what we were told that they valued the support they received.

The healthcare professional told us the service provided professional staff who had a caring and friendly attitude. They said the person who received the service they had commissioned from this agency told them staff were pleasant and polite at all times.

Staff told us they knew what help this person needed from reading their care plan and from talking with them. Staff said they took the time to speak with people to ask how they would like their care and support to be provided. The care coordinator told us they carried out regular checks to ensure the service provided the support the person needed and wanted. They told us this included visiting the person to carry out an assessment together with the person and their relatives. We were told staff were required to go through people's care plans so that they knew exactly what needed to be done for the person concerned.

When we looked at the service's policies and procedures manual we saw there was a policy that referred to upholding people's privacy and dignity. This policy was linked with staff training. In addition the service had policies in place relating to equality and diversity this helped to ensure people were not discriminated against. One staff member said that the training had really helped them to focus on treating people with dignity and promoting independence to ensure people felt valued.

We saw from the care plan we inspected there was a good level of detail about how staff could help the person express and communicate their wishes. Staff also knew that they had to provide information to people in a way they understood when providing care and support to them.

We noted the service had arranged suitable training for staff to enable them to support people properly and they worked in conjunction with healthcare professionals. The commissioners we spoke with were positive about this support offered to people. One commissioner said, "They [the staff and the service] are very reliable, they do a good job and all the feedback we get is positive."

Is the service responsive?

Our findings

We asked the person and their relatives for their views about the service and how the service made sure they received care and support that met their needs. They said they received an assessment visit from the registered manager before their care package started. They said they spent time talking about their needs, likes and dislikes and preferences for meeting their care needs.

The healthcare professional told us that the agency communicated with them well about the care of the person who they supported. They said they had a good working relationship with the agency. They felt the agency was reliable when working with people and at responding flexibly at times of crisis for the people they were supporting. A relative told us that they knew who to contact in the agency if they wanted to request any change to the planned care for their family member. They said that if they ever needed to ask for a change to their care the agency responded positively to their request.

We looked at the care records and we saw that these included the choices the person had made about the support they received and how they wanted their care to be provided. The care plan we saw gave details of the support people needed in relation to their personal and health care needs. These guided staff on how to deliver the right kind of care and support. The care plan was person centred and also gave guidance on all aspects of individual's needs. It was written in the first person and in ways to make it easier for them to understand.

The staff we spoke with told us that the care plans provided them with information about how to support people. They said they knew how to contact the registered manager or the care co-ordinator in the office if the support a person needed had changed and their care plan required updating. The registered manager told us that the care plan was reviewed annually or earlier if needs changed. They said staff would report back to the office when or if the person's needs changed. A review was then arranged to revise the care support and this would be done with the person concerned so that their views and wishes were taken into account. The person we spoke with told us they had their care reviewed and that they were central to the process. We saw evidence of this in the care files we inspected, reviews and care plans were signed off by the person to demonstrate their agreement to what was written down.

We saw that the service had a formal complaints policy and procedure. The complaints procedure clearly outlined what a person should expect if they made a complaint. There were guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who might find the process of making a complaint difficult. There was also a procedure for the complainant to follow if they were not satisfied with the outcome.

The registered manager explained that complaints were often resolved informally. The service had a record of all previous complaints. When we examined this we found that the service complied with its own policy in terms of resolving complaints in a timely manner.

Is the service well-led?

Our findings

We found the service was managed by a suitably experienced and qualified manager who was registered with the Care Quality Commission. The people we spoke with said the service was well managed. The person who used the service and their relatives said that they had frequent contact from either the registered manager or the care co-ordinator. They all told us that they were confident that staff were committed to providing a good service. They also told us they were sure if they had a concern they would be listened to and responded to appropriately. This showed that the service used the feedback from people to improve the services provided. Staff told us that they enjoyed working for the agency. They said it was professional and well managed.

The registered manager told us that they took seriously the need to continuously monitor the quality of the services they provided so that they had the information they needed to make improvements where they were needed. We saw there was a range of different methods in place to do this. An annual feedback survey was carried out for people who used the service, their relatives and health and social care professionals. They were asked for their views about the services provided. We were shown the evidence gained from the last feedback survey carried out in November 2015 in the returned feedback forms. All the returns were positive about the service.

We also saw evidence of telephone monitoring calls made to people to check they were happy with the support and care they received. We noted that feedback from the quality monitoring processes we saw in place was used to ensure that services were of good quality. We also noted that the organisation had an improvement agenda that used the outcomes of quality monitoring to promote improvement and change.

We saw other examples of how well the quality of care delivery, support and services was monitored in the service. Regular spot checks were carried out by the care co-ordinator to see how care was actually being provided to people by staff. We saw evidence of these checks and we noted they were carried out every three months. The registered manager told us if any concerns were identified during spot checks this was discussed with individual staff members during one to one meetings so the concerns were addressed.

Staff told us they felt confident calling into the office to speak with the registered manager or the care co-ordinator. The staff we spoke with said they knew they could call in the office any time they needed to. We spoke with staff and they said they had regular three monthly team meetings. We saw the minutes of the last two meetings in March and June 2016. Staff said that this helped them to feel supported in their work and to be clear on the values and ethos of the organisation. We saw that some of the agenda items of these meetings were about the general running of the service and issues to do with best practice were discussed so that improvements could be made where necessary.