

Caxton Recruiting Services Ltd

# Caxton Recruiting Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service:

Caxton Recruiting Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of inspection three people were receiving care from the service.

Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

### People's experience of using this service:

The service was not well-led, with concerns identified about the day to day running of the service. Quality assurance systems were not in place to review the quality of the service, and the registered manager had therefore not identified issues such as those we found at inspection. Sufficient quality assurance systems were not in place to ensure that steps were taken to drive improvement. The registered manager had not taken suitable action to make improvements to areas we had identified at our last inspection.

Staff were not always clear on how to recognise and report potential safeguarding incidents. People's risk assessments were not updated in a timely manner, to reflect current need. Recruitment processes were not always robust in reflecting that staff had suitable experience to work with people. There was no evidence of incidents and accidents being investigated as they occurred.

Staff training did not always provide ample time for staff to undertake in-depth knowledge for them to carry out their roles. Staff were not always clear on how the Mental Capacity Act (MCA) applied to their roles.

People's care plans were not always regularly updated. Nor did they always indicate people's end of life wishes. Complaints records were not routinely kept.

Relatives did feel that their family members were well cared, and staff were able to demonstrate they knew people's needs. People were supported with their nutritional needs and referred to healthcare professionals as necessary.

### Rating at last inspection:

At our last inspection of 17 April 2018 (published 30 May 2018) we rated the service 'Requires Improvement'.

### Why we inspected:

All services rated "requires improvement" are re-inspected within one year of our prior inspection.

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

At this inspection we found a continued breach of the regulations in relation to good governance. We also identified an additional breach in relation to staffing. Details of action we have asked the provider to take can be found at the end of this report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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 and specialist housing. It provides a service to older adults.

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 visit because it is small. We needed to be sure that they would be in.

Inspection site visit activity started on 22 May 2019 and ended on 24 May 2019. We visited the office location on 22 May 2019 to see office staff; and to review care records and policies and procedures.

#### What we did:

Prior to the inspection we reviewed the information we held about the service. We also reviewed statutory

notifications sent to us by the provider. Statutory notifications are information about important events which the service is required to tell us about by law. We used this information to plan our inspection.

The provider did not complete the required Provider Information Return. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We reviewed policy and procedure documents. We also looked at the care files for two people, and four staff files. We spoke with the administrator, as the registered manager was on leave. Following the inspection we made contact with one relative and two members of staff.

# Is the service safe?

## Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- At our last inspection we found that staff were not always safely recruited in that records did not always include staff full employment history and two professional references.
- At this inspection we identified continued issues with staff records still not always including their full employment history.

The above issue demonstrates a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were subject to a Disclosure and Barring Service (DBS) check prior to commencing their employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Relatives told us that any timekeeping issues had been resolved, and staff felt that enough of them were employed to enable them to attend their calls.

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

- Staff did not always give us clear responses as how to recognise potential signs of abuse, and the action they should take to report any concerns.
- Staff told us, ""Abuse can be where we're meant to be giving someone privacy and we don't, that's abuse. There are different types of abuse. Safeguarding is to make sure everything that is safe" and "Is [safeguarding] when you have clients and you don't treat the good and your trying to abuse them in many ways. If I was reported for abuse, I would ask what kind of abuse, the staff member would need to explain."
- We were not satisfied that staff clearly understood how to recognise abuse and the appropriate action to take in order to keep people safe.
- We recommend that the provider review safeguarding training with staff to ensure they are competent in recognising and reporting potential safeguarding issues.

### Assessing risk, safety monitoring and management

- Risks to people were not always regularly reviewed to ensure that risk assessments were current and met people's immediate needs. At our last inspection we identified that one person's risk assessment had required a review in January 2018. The registered manager assured us that this would be completed. However, at this inspection we found that the person's risk assessment had still not been reviewed to reflect their current needs.
- Another person's risk assessment had been completed by the service administrator, and we were not

assured that the staff member had been suitably trained to carry out this task.

- The same person's risk assessment noted multiple identified risks, however steps were only recorded to mitigate one of these risks. Risk assessments were not thorough in guiding staff as to how to mitigate all potential risks to people.

#### Learning lessons when things go wrong

- On the day of inspection the administrator was not able to find records of any incidents or accidents. We were unable to review whether the registered manager took appropriate action to investigate their occurrence.

#### Using medicines safely

- One person was being prompted to take their medicines. Staff told us, "Yes, I do administer medicines and I've had medicines training every three months. If there's an error I would call the line manager straight away and let them know. I can also contact the family" and "I administer medicines, which comes straight from the pharmacy. I would make a report if I thought there was a medicine [error]. I would let the office know."
- Records showed that staff completed a medication administration record (MAR) to show that they had given people their medicines.

#### Preventing and controlling infection

- Staff understood their responsibilities in relation to infection control. A staff member told us, "We have gloves which are provided by the manger. Also aprons to use when supporting with personal care. We don't run out and we can always get more."



# 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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- We received mixed responses from staff as to their knowledge of the MCA and how it related to the care they provided.
- One staff member said, "It means when your client is capable of doing things by themselves. If they aren't capable of doing things then you have to help them" whilst another said, "It's almost like someone is under stress or depression you have to call your line manager and let them know what's happening and they will tell us what to do." We were not assured that staff were clear on how to deliver care in line with the MCA.
- We recommend that the provider review staff competency in understanding the principles of the MCA, and ensure that people's capacity is clearly recorded.

Staff support: induction, training, skills and experience

- At our last inspection we found that staff were not regularly supported through regular supervision and appraisal.
- At this inspection we found that supervision of staff continued to be irregular, and there were no records to show that staff have received an appraisal of their work. Furthermore we did not see records to reflect that staff competency to administer medicines had been regularly reviewed.
- Staff did tell us they received regular supervision, "Yes, we always have a supervision. Usually every two months. We talk about anything we need, or anything that we aren't happy about." However records we saw that evidenced supervision had been completed since our formal notice of inspection. These were sparsely completed with minimal detail as to the discussions that had taken place.
- Training records were not well kept to evidence when each staff member was due a refresher. Furthermore one person's training certificate showed that multiple training topics had been addressed in one training session. We were not assured that suitable time was allowed to ensure that staff were sufficiently trained to carry out their duties.

The above issue demonstrates a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risk assessments and care plans that we reviewed required further input to ensure they were completed in line with best practice guidance.

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

- Staff knew how to ensure people received nutritional support in line with their preferences. A staff member told us, "I help make breakfast, lunch and dinner for one of my clients. I know what they like to eat and drink. I always offer them choices and ask them what they want."
- Records required improving to ensure they reflected people's preferences, however we were assured that staff knew people's choices well enough to support them.

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

- Staff knew of the steps to take to ensure people's health needs were addressed with one telling us, "I would immediately report to the manager if my client was unwell. They would contact the G.P."
- People's care records included details of health professionals involved in their care as well as contacts for their GP.

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were not always involved in their care, as it was not reviewed regularly in line with the provider's policy.
- Care plans would have benefitted from further personalisation to ensure each specific area of a person's need was addressed and fully reflected people's preferences.
- Staff were not always clear on the purpose of care plans; with one staff member telling us, "We have care plans to write all the information about what I've done that day. So that when other carers come in they know what has happened. In the care plan there's a medicines report, that shows us if they have had their medicines."
- An up to date care plan that we did review was clear in guiding staff as to how to support the person at each of their calls to ensure they received planned and personalised care.
- People were given a service user guide upon commencement of the service.

Ensuring people are well treated and supported; equality and diversity

- A relative felt their family member was well supported telling us, "I think [person] receives good care. There are no gripes, no concerns" and "I think if [person] was being maltreated [person] would say."
- At the time of our inspection staff did not support anyone with their religious practices, however they told us of their understanding of supporting people to practice their faith.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people's privacy and dignity. A staff member said, "For me, if I'm at a client's house. I tell them what I've come to do and ask if they want a shower and what they want to have to eat. You can't force them to do things."

## Is the service responsive?

### Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the time of inspection people were not supported with activities by staff. However a staff member did tell us, "They [people] go out with their families, but I do have a lot of time to talk to the person and we laugh."

Improving care quality in response to complaints or concerns

- On the day of inspection we were not shown records of any complaints or concerns. The administrator told us that issues were dealt with informally and these records weren't kept.
- A relative said, "I haven't really had to make a complaint, but I do raise concerns with the registered manager and issues resolved quickly."
- Improvements were needed to ensure that records of any complaints were kept, and that actions taken to remedy issues raised held the provider to account. The administrator told us that informal complaints in relation to staff or timekeeping had been received and dealt with; but not recorded.
- The provider had a complaints process in place that they sent to us following the inspection. This set out the timeframes for the provider to respond to issues as they were raised.

End of life care and support

- At the time of our inspection there was no-one receiving end of life care. However, in line with best practice the provider would benefit from ensuring that people's end of life wishes were recorded.

# 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

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At our last inspection we found a breach of the regulations in that quality assurance checks were missing, staff supervisions and appraisals were not always completed and there were gaps in the staff recruitment process.
- At this inspection we found continued and additional concerns in relation to how the service was managed to ensure high-quality support was delivered to people. The provider did not keep contemporaneous, accurate and up to date records of people's care needs.
- The registered manager had not ensured that one person's risk assessment and care plan had been updated, as previously identified at our last inspection. The same person's care file still required an update and the registered manager had not completed this.
- The service administrator had been responsible for completing one person's care plan and risk assessment; however we were not assured that they were suitably trained to assess people's needs.
- Staff supervision and appraisal continued to be irregular, and records did not assure us that staff training was fully up to date.
- The provider did not keep written records to show that daily records and people's medicines records had been checked for accuracy. The registered manager did not have effective quality assurance checks in place, and had not identified the issues we found at inspection.

Continuous learning and improving care

- The registered manager had not taken prompt action to make the improvements we highlighted at our last inspection; and we identified further concerns about the day to day running of the service.
- The registered manager did not submit a Provider Information Return (PIR) to the Care Quality Commission prior to inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The above issues demonstrate a continued breach of Regulation 17 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

- People and relative views were sought through annual monitoring forms. We saw the most recent reviews

for two people using the service and saw that satisfaction levels were primarily positive.

- The provider conducted regular spot checks of staff to monitor their abilities to perform their duties. However, these needed further development to ensure that staff were promptly held accountable for identified improvements to their practice.
- A staff member told us, "We have team meetings sometimes. Oh yes, the manager listens to my views."

Working in partnership with others

- Records showed that the provider worked with placing local authorities to ensure that the service was able to meet their needs, and that the care package was assessed prior to commencing the service.
- Where one person received support from the district nurse daily records showed that staff discussed any changes in needs with them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff did not always received regular supervision and appraisal to ensure they were competent to carry out their roles.

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 17 HSCA RA Regulations 2014 Good governance  Contemporaneous and accurate records were not kept. Quality assurance systems were insufficient in improving the quality of care.

### **The enforcement action we took:**

Warning Notice was issued