

Caxton Recruiting Services Ltd

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Inspection report

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Tel: 02086461637

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17 April 2018

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 17 April 2018 and was announced. At our previous inspection of November 2016 the service was also 'inspected but not rated'. At this inspection we were able to rate the service, as the provider had been delivering services to people over a continuous period of time.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, presenting with dementia, mental and/or physical disabilities.

Not everyone using Caxton Recruiting Services 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. At the time of this inspection only one person was receiving regulated activity. The person using the service received care over 24 hours seven days a week.

A registered manager was in post. 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 identified a breach of regulations during the inspection. This was in regards to good governance. You can see the action we have told the provider to take with regard to this breach at the back of the full version of this report.

The service was not as well-led as it could have been. Records in relation to staff supervision, appraisals and policies were not accessible or in place. The registered manager had not identified that the person using the service required a care plan review. The registered manager did not keep records of all of the quality assurance checks they completed.

Some improvement was required to ensure that recruitment processes were safe and that staff provided full employment histories and appropriate references. We raised this with the registered manager who told us they would take action to ensure these issues were remedied.

There were sufficient numbers of staff to carry out the duties required. Risk assessments were in place to enable staff to understand how best to support people safely. Medicines administration was accurately recorded in line with the person's needs. Staff were aware of the signs to look out for in protecting people from the risk of abuse.

Staff were supported and encouraged to undertake qualifications relevant to their role, as well as appropriate training. Staff told us that they received regular support from management through supervision

and appraisals. The person using the service was supported to maintain a healthy diet and access healthcare professionals when they needed to. The registered manager was aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

The person was cared for by staff that knew them well. Staff supported the person to make decisions for themselves and respected their privacy and dignity.

Care plans were based on a thorough pre-assessment and reflected people's preferences in how they liked to be cared for. The provider had a complaints policy in place, and had not received any complaints since our last inspection.

Staff were positive about the support they received from management. The registered manager was clear in their role and responsibilities in notifying the CQC of important incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Recruitment processes required some improvement. Staff were aware of how to safeguard people from abuse. Risk assessments were in place and medicines were administered safely.

Requires Improvement ●

Is the service effective?

Staff received training relevant to their roles and told us they received regular supervision and appraisal. The person using the service was supported to maintain a healthy balanced lifestyle, and obtain support for their healthcare needs.

Requires Improvement ●

Is the service caring?

Staff knew the person they were caring for well, and how to meet their preferences. People's privacy and dignity was respected.

Good ●

Is the service responsive?

People were involved in the review of their care and received care that was responsive to their presenting needs. The provider had a complaints policy in place.

Good ●

Is the service well-led?

The registered manager did not always keep records of the quality assurance audits they carried out, nor did they have records for staff supervision and appraisal.

Requires Improvement ●

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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.

This inspection took place on 17 April 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of inspection we spoke with the registered manager and the administrator. We looked at the care records for the person using the service, as well as a range of documents relating to the service including incident records and quality assurance audits. We also looked at seven staff files.

Following the inspection we spoke with two members of staff and the person using the service.

Is the service safe?

Our findings

Recruitment practices were not always fully carried out to ensure that staff were safe to work with people. The provider ensured that Disclosure and Barring Service (DBS) checks were carried out and that staff were appropriately qualified before working with people. However, staff files did not always include two references and a record of full employment history.

One staff file included a character reference from a relative, and two of the staff files we looked at did not include a full history of employment. Following our inspection the provider told us they were in the process of reviewing and updating the information in their staff files in order to resolve this issue. We will check the provider's progress with this at the next inspection.

The provider ensured there were sufficient numbers of staff to manage the needs of the person using the service. Shifts had been planned to ensure that where two members of staff were required to support the person that there was ample time for them to perform their duties.

Risks assessments were completed to enable staff to support the person using the service safely. Assessments included an overview of the person's presenting medical history. Where the person's needs had changed records showed that action had been taken to improve the person's environment to prevent further risk occurring. Records also clearly stated where support guidance was kept for staff to refer to at the person's home. Health and safety risk assessments were completed of the person's home to ensure that staff were aware of any hazards and knew how to exit in the case of an emergency.

At the time of inspection the person using the service required prompting with their medicines. Risk assessments included a list of the person's medicines and the required dose. Daily records were completed to detail when the person had received their medicines and medicines records were also completed to confirm that staff had prompted the person at the appropriate time.

The provider had a safeguarding procedure in place and staff we spoke with were aware of how to escalate their concerns if they suspected that someone was at risk. One staff member said, "If I suspected anything I would report it to the office". We saw that staff completed safeguarding training as part of the provider's mandatory training prior to working with people.

Records of any accidents and incidents were kept to ensure that any actions taken were followed up.

Staff were aware of their responsibilities in preventing the spread of infection and told us about the personal protective equipment (PPE) they used when supporting people.

Is the service effective?

Our findings

Staff received mandatory training prior to starting work with people, and the provider supported staff to complete qualifications appropriate to their role. Mandatory training included moving and handling, food safety, fire safety, health and safety, infection control, medication, first aid, dementia and mental capacity. Copies of training certificates were kept in staff files, however there was no central record kept to confirm that each member of staff had completed each training session. The registered manager told us that mandatory training was refreshed annually for all staff members, and that where staff worked part-time they often completed training with other providers.

The provider told us that supervision took place quarterly, and appraisal twice a year. However, following the departure of the care co-ordinator, records of staff supervision files were not accessible to us and the registered manager was unable to locate the paper diary that they said contained previous supervision bookings. Staff told us they did receive regular supervision with one person telling us, "We have supervision about 2-3 times a year". We were unable to look at records to ascertain how staff were supported through the supervision process.

The care plan for the person using the service covered their physical and mental health needs. This covered a range of areas including continence, mobility, skin viability and nutritional preferences. The needs of the person were fully detailed so that staff knew how to care for the person in their preferred way. Records also included full details of the duties that were to be carried out with the person for each shift. For example, there was clear guidance on the person's preferred bedtime routine.

The person was supported to maintain a healthy, balanced diet and their food preferences were managed by their family members. Staff told us that they would prompt the person with their food consumption and support them by serving. Daily records monitored the person's intake to enable staff to identify whether there were any concerns.

Records showed that support from other healthcare professionals was made accessible to the person when required. Where the person had received guidance from an occupational therapist records showed that staff supported the person to carry this out, and there had been previous interaction with a tissue viability nurse where necessary.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). At the time of inspection the person using the service had full capacity. The registered manager was aware of their responsibilities in relation to the MCA and knew how to support people in their best interests should the need arise.

Is the service caring?

Our findings

The person using the service felt that staff were caring, telling us, "Yes, they do everything I need them to". Records of provider telephone monitoring said "I have excellent carers and they look after me very good, and thank you for always checking on me".

Staff knew the person they were supporting well and were able to detail to us the person's preferences in aspects of their care. One staff member said, "I always ask [person using the service] if they're ok and if they're not they will let me know". The registered manager and staff told us that they were required to read people's care plans in order to know how best to support them.

People's views were expressed in their care plans and records showed that relatives were consulted on people's care preferences. The provider regularly carried out telephone monitoring and visits to people's home to check if they were happy with their care provision.

Staff were clear on the importance of confidentiality, one staff member said "I would not say anything unless [person using the service] gives me permission to tell other people".

Staff understood the importance of respecting people's privacy and dignity. Of delivering personal care one staff member said "I close the door and make sure no-one else comes in". Another staff member told us "I tell [person using the service] that I'm coming to do personal care, and I leave it if she doesn't want it".

The provider supplied a service user handbook to people upon commencement of the service which covered their philosophy, principles and values as well as keyworker information.

Is the service responsive?

Our findings

People and their relatives were involved in the care planning process, and records showed that these had been signed by people or their relatives on their behalf. Staff told us that they would let the office know if people's needs changed so that a review of their care could be arranged.

Records also showed that people and their relatives were also invited to partake in annual reviews of their care. However, records showed that the person's care file had not been reviewed since January 2017 and this had not been identified by the registered manager. We raised this at the time of inspection and the registered manager told us they would rectify this as soon as possible.

The care plan we looked at was person centred and detailed the persons needs, what they wanted to achieve, what the person should do and what the carer should do. This provided guidance for staff to enable them to deliver care in line with the person's preferences. Staff we spoke with were aware of how the person preferred to be cared for and provided examples as to how they were responsive to the person's requests.

The provider had a complaints policy in place. This was available to people and their relatives through the service user handbook. Records showed that the provider had not received any complaints since our last inspection.

Is the service well-led?

Our findings

The service was not as well-led as it could have been. The registered manager told us that the care co-ordinator had left in February 2018, and as a result we were unable to access the provider's updated policies and staff supervision and appraisal records.

The registered manager had not identified that the person using the service had required a care plan review in January 2018; in line with the provider's policy. The registered manager told us that they conducted quarterly staff spot checks, however we were not able to see any records to indicate that any of these had taken place in 2018.

We raised the above with the registered manager who told us that these duties had been the role of the care co-ordinator.

The registered manager told us that they checked daily logs and medicines records as they were returned to the office. However, they did not keep a records of these checks.

The above issues are a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they felt well supported by the manager. One staff member said "I really appreciate the encouragement and them helping me to do the work" and another told us "They make sure you do your Qualifications and Credit Framework (QCF) and send you for placements. It's good". The QCF is a nationally recognised qualification for care staff.

Records showed that the provider had undertaken regular telephone monitoring checks to obtain people's views of the service. Those that we looked at were complimentary of the service received and no concerns had been raised.

The registered manager understood their responsibilities in relation to the CQC, and was aware of the important information that they should notify us about.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure that quality assurance checks were recorded. The provider did not ensure that records of staff supervision, appraisal or training were kept to ensure these were carried out in line with the providers policy.</p>