

## Twilight Recruitment Ltd

# Nuneaton

### 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Twilight Recruitment Limited is registered to provide personal care to people who live in their own homes. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection four older people were supported by the agency.

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

Since our last inspection, improvements had not been made to the managerial oversight and governance of the service. Whilst people and their relatives continued to be satisfied with the staff and care calls undertaken to them, the provider did not ensure a safe and quality service was provided.

The provider had not consistently ensured staff were recruited in a safe way and required checks were not always completed before staff undertook care calls to people. The provider failed to adhere to their own recruitment policy.

Some systems of checks and audits took place, but these had not identified the gaps in information we found. The provider had not made the required improvements to their policies and procedures to ensure they related to their business. The provider did not always ensure people's personal information was shared using secure communication systems.

Potential risks to people were identified but risk management plans were not always detailed and did not consistently give staff the information they needed.

Staff had not always received an induction or training to ensure they had the skills they needed to provide a safe service to people. Not all staff had received training on how to protect people from the risks of abuse, which meant they may not understand the importance of reporting any concerns.

People told us their needs had been assessed and they had a plan of care in their home which informed staff of the agreed tasks to be undertaken. However, the provider had not ensured they had an office copy file to refer to as required.

People gave us positive feedback about the staff and had not experienced any missed calls. People felt staff were kind and caring toward them and undertook agreed tasks in an unrushed way. Staff promoted people's independence and maintained people's privacy and dignity. People had no complaints.

People were supported with their food and drink where this was part of their agreed care. Staff worked within the principles of the Mental Capacity Act 2005 and understood the importance of gaining consent from people.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

Regulation 12 Regulated Activities Regulations 2014 - Safe care and treatment  
Regulation 17 Regulated Activities Regulations 2014 - Governance

Following our inspection feedback, the director told us they would impose a self-imposed stop and not take on any further care packages until the required improvements were made.

On 6 December 2019, we sent the provider a letter asking for an immediate response to our concerns and evidence of the action they had taken.

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

Rating at the last inspection

The last rating for this service was Requires improvement (published 11 December 2018).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Enforcement

We have identified two breaches in relation to the safe care and treatment and the lack of effective monitoring of the service. You can see what action we have asked the provider to take at the end of this full report.

Follow up

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

## 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 consistently safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not consistently effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not consistently caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not consistently responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Nuneaton

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection Team

One inspector carried out this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The provider of the service was also the director, registered with the Care Quality Commission as manager of the service. This means that they are legally responsible for how the service is run and the quality and safety of the care provided.

#### Notice of inspection

Inspection activity started on 2 December 2019 when we gave short notice of our inspection. This was because we needed to be sure the provider, who is also the registered manager, would be in the office to support the inspection on 5 December 2019 or to arrange for someone to be there on their behalf. Inspection activity ended on 6 December 2019.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as abuse. 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 sought feedback from the local authority. They told us they did not commission any packages of care at this time from the provider. We also had telephone conversations with two people and one relative who used the service to gain their feedback. We used all the information to plan our inspection visit.

During the inspection

We spoke with two members of care staff and one director of the provider company. The registered manager was on leave at the time of our inspection visit. We reviewed a range of records. This included a review of two people's care plans, daily care notes and risk management plans. We also looked at records relating to the governance and managerial oversight of the service. These included quality assurance checks, personal data security, staff recruitment and training records.

# 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 remained the same. This meant some aspects of the service were not always safe, and there was limited assurances about safety. There was an increased risk people could be harmed.

### Staffing and recruitment

- The provider had not consistently ensured staff's suitability, skill and competence for employment. In our conversations with people prior to our office site visit, they had referred to staff by name. During our office site visit, we checked the employment files for those staff people had referred to. We found one staff member had no employment record, this meant there was no record of the staff member's suitability for employment being checked, or of an induction or training being completed. We discussed our concerns with the director who made a telephone call to the provider. The provider stated the staff member was not "officially employed and was a trainee". The staff member was undertaking care calls by themselves and the provider's lack of checks posed risks to people.
- We reviewed staff employment files for the remaining three staff undertaking care calls. Of these, all had documented police checks and at least one reference. However, references were not always from the staff member's previous employer. For example, one staff member's only reference was from a person described as a "friend". The provider had not sought additional references despite the staff member supplying a previous employer's details. The director told us they agreed "things needed to be improved on."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk management plans did not consistently contain the detail staff needed. For example, one person used a hoist to transfer from their bed to chair but their moving and handling plan only stated 'husband plus one staff'. Another person's initial assessment recorded they had weakness on one side of their body following a stroke, but their moving and handling plan did not tell staff how to minimise risks.

We found no evidence that people had been harmed however systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of potential harm.

The above concerns were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment

- People told us they had never experienced a missed call. One person said, "Staff always turn up, we've never had any problems with being forgotten about. If they are running just a bit late, the carer phones to tell us."
- The provider did not have a call monitoring system. One staff member told us, "If someone cannot cover a call, we phone each other or the manager sends us a message, we don't let people down."
- Staff told us there had been no accidents or incidents, but if there were they would report these to the provider, so that lessons could be learnt. However, there was no overall managerial process in place for the

analysis of accidents or incidents should they occur to ensure any learning was identified and risks of reoccurrence minimised.

#### Preventing and controlling infection

- There were systems to prevent and control the risk of infection. Staff understood the importance of using gloves to reduce risks of spreading infection.
- Staff left people's house clean. One person told us, "The girls (staff) tidy up after themselves and always leave everywhere clean and tidy. I wouldn't like it if they left a mess in my kitchen."

#### Using medicines safely

- At our last inspection we found improvements were needed in recording information related to people's medicines and prescribed creams. At the time of this inspection, we were told no one was supported by staff to take their medicines. We have therefore not been able to make a judgement about this. We will look at this again at our next inspection.

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

- Most staff had received training in how to safeguard people from the risk of abuse and demonstrated an understanding of safeguarding principles. However, one staff member had not received training on how to recognise abuse which meant they potentially did not have the information they needed to report any concerns to management and 'whistle-blow' to external organisations such as CQC or the local authority if needed.
- During our previous inspection the provider demonstrated their understanding of their legal responsibilities in reporting specific incidents to us. We had not received any statutory notifications and the provider told us there had been no incidents they had needed to report to us.



# 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 'Good'. At this inspection this key question has deteriorated to 'Requires Improvement'. This meant people's outcomes were not consistently good.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the skills they needed. One person told us, "The staff know me well now and how I like things to be done." One relative told us, "I have no complaints, the staff seem to know what they are doing."
- Staff told us they received training and felt they had the skills they needed to care and support people in a safe way. Whilst staff employment records that were available recorded some training had been undertaken, it was difficult to assess whether refresher sessions to ensure continued competency had taken place. For example, one person's moving and handling training had been completed in May 2015 but there was no record of any update. Another staff member's moving and handling qualification was due to expire in December 2019, but there was no evidence an update had been planned.
- One staff member had no employment record and no evidence of any induction or training.
- There was no overall training matrix available for us to review and we were not assured staff had received all of the training they required to support safe care.

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

- People told us they had a pre-assessment before they started to use the service. People and their relatives told us they were involved in sharing important information and agreeing to scheduled times for their care calls.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

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

- People's nutritional and hydration needs were met. Where people required support with their meals and drinks, this was in their agreed plan of care. One person told us, "Staff get my breakfast ready and always ask what I'd like. One day I fancied a fresh fruit salad and they made this for me, it was lovely." Another person told us, "Staff always leave me with a drink when they have finished their tasks."

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

- People accessed healthcare services themselves or with the support of their relatives. Staff told us if they had concerns about people's healthcare, they would offer to telephone their GP on their behalf, or inform their relatives, so they could support their family member to access healthcare services.

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.

Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLSs cannot be used. Instead, an application can be made to the Court of Protection show can authorise deprivations of liberty.

- Staff followed the principles of the MCA and understood the importance of obtaining consent before supporting people with personal care.
- Improvement was needed in people's care records to demonstrate people's mental capacity had been considered.

# 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 had deteriorated to 'Requires Improvement'. This meant people were not always supported and treated with dignity and respect; and involved in partners in their care.

Ensuring people are well treated and supported, equality and diversity

- People felt well supported by kind staff. People and their relatives gave positive feedback about staff. One person told us, "They are superb. They are a small provider and don't have many clients, we don't experience lots of staff changes or problems as we have done before with a larger company." One relative told us, "My family member is treated in a caring way by the staff, I'd soon say if she wasn't."
- However, whilst people experienced a kind approach from care staff undertaking their calls, the provider did not consistently demonstrate a caring attitude. They had not always ensured staff checks had been completed to ensure staff's suitability to be employed and carry out care calls to people. This is further reported on in the safe domain.

Respecting and promoting people's privacy, dignity and independence

- Staff gave us examples of how they promoted people's skills and independence. One staff member said, "I always ask people what they would like to wear for the day, I don't just pick clothing out of their wardrobe for them."
- People's privacy and dignity was respected. One person told us, "Staff help me have a shower, they always maintain my privacy whenever doing personal care."
- Staff understood the importance of keeping people's personal information confidential and told us they would not discuss private information outside of work. However, staff told us people's information was shared with them by the provider through a phone 'app' which was not secure. This is further reported on in the well led domain.

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

- The provider supported people with decision making. Care records had been signed by people or their relative in agreement to their planned care.
- Staff encouraged people to be involved in their care. Staff told us they offered choices to people about, for example, whether they wished to get up and have a shower or bed wash.

# 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 'Good'. At this inspection this key question has deteriorated to 'Requires Improvement'. This meant people's needs were not consistently met.

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

- People felt they received a personalised service from staff that knew them well. People spoken with told us they had written plans of care in their home which contained information about agreed tasks. One person told us, "I'm very happy with the service I receive from them, the girls (staff) know me well." A relative told us, "Staff work alongside me to support my relative, we've got used to team working and it works out well. We are satisfied."
- Staff told us all four people receiving a service had a care plan in their home. However, one person had no copy of their care plan at the office. The provider could not offer any explanation as to why this was not available.
- We reviewed three people's care records and found some information was personalised. For example, people were offered the opportunity to complete an 'About Me' section which gave staff detailed information about their preferences and hobbies and interests. One person's care plan contained good guidance about signs and symptoms of a stroke and action staff should take.
- However, plans of care did not always contain the level of information needed for staff to be responsive to people's individual needs. One person whose care calls had commenced during 2018, had parts of their care plan which had not been fully completed.

Meetings 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 their carers.

- People's communication needs had been assessed. For example, one person was not able to express their wishes verbally. Their care assessment record told staff to speak clearly to the person and allow them to write any questions they needed to ask.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no complaints and felt if they needed to discuss a concern, staff would be approachable. One person told us, "[Provider's Name] does my care calls, so I can always talk with them if needed."
- There was a complaints policy. However, information in the 'Service User's Guide' was out of date and told people to contact a previous manager who, the provider told us, had left their employment during May 2019. This meant people did not have the correct information if they needed to make a complaint.

# Is the service well-led?

## Our findings

Well Led – this means we looked for evidence that the 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 'Requires Improvement'. At this inspection this key question has remained the same. This meant service management and leadership was inconsistent. Leaders and the culture they created did not support the delivery of high-quality, person centred-care.

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. How the provider understands and acts on duty of candour responsibility

- The provider had posed unnecessary risks to people by not ensuring they followed their own recruitment policy. This policy and the provider's 'Service User's Guide' informed people and their relatives that staff underwent "thorough checks" as part of the recruitment process, but these had not always been completed by the provider.
- The provider had not made the required improvements to their policies and procedures since our last inspection. We continued to find policies displayed a different provider name; unrelated to Twilight Recruitment Limited. Some policies had no bearing or relevance to the service provision. For example, one policy referred to the provider having "a small stock of oxygen tanks in stock and all staff are trained to administer oxygen."
- There were some quality assurance systems. For example, spot-checks on staff's care calls were undertaken and recorded by the provider.
- Checks had been made on people's 'daily record logs'. However, we saw some of these checks had been signed and dated October 2019 by the previous manager; who we were told had left in May 2019. The director could not offer any explanation about this, which meant we were not assured the checks had been completed as recorded.
- Improvements were needed in other quality assurance systems. For example, the provider's oversight had not identified the gaps we found in records.
- At our last inspection we found the provider had no documented contingency plan in the event of them (the provider) not being able to provide a service. The provider undertook most care calls and only employed a small team of care staff. There were no office-based staff and the provider was not supported by a deputy manager.
- At this inspection, the provider was on leave. When we telephoned to give short notice of our inspection, we were told by a staff member there would be no one available to meet with us at the provider's office. We emailed the registered manager, who wrote to tell us they had left a care staff member 'in charge'. However, the named staff member did not have the managerial oversight of the service on a day to day basis or the ability to undertake important tasks, such as sending us statutory notifications, if required. In order for our inspection to go ahead, we changed the day of our inspection visit and the staff member contacted a director who told us, "I am not usually involved day to day, but have come to the office to support the inspection." The director acknowledged they did not have the current knowledge to either contact us when

required using the CQC provider portal or to cover care shifts in the event of an emergency. One policy stated there was an on-call service 24hrs daily over seven days, but the director was not aware of this.

- The provider had not assured themselves that they consistently met the requirements of data protection laws. Staff told us the provider used a phone 'app' to communicate personal details about people, but this was not a secure system.
- There were multiple other records related to other staff members and it was unclear from these when their employment had ceased. This made it difficult for the director to be sure, and able to tell us, which staff continued to be employed and which staff had left their employment. The director acknowledged a system of archiving was needed.

The above concerns were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

Following our inspection feedback to the director, they verbally told us they would not accept any new care packages until the required improvements had been made. We received written confirmation of this from the director.

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

- People and their relatives gave positive feedback about the service and felt the provider could be approached if they had any concerns. One person told us, "I know the manager, they do my care calls, they own the business."
- The culture of the service and staff morale was positive. People told us staff were always friendly and had a cheerful manner. Staff told us they worked alongside the provider. One staff member told us, "We are a very small staff team, so we all know one another and get along and support each other."
- The rating from the provider's last inspection was displayed, as required, at their office and on their website. However, when we reviewed the provider's website as part of planning this inspection we found some information was mis-leading. For example, images stated 'rated outstanding by CQC' with numerous links to the websites of unrelated providers. We contacted Twilight Recruitment Limited's provider and requested they review the content of their website, which they did. All misleading information has now been removed.

Working in partnership with others

- We could not see where the provider got advice and guidance from.

Continuous learning and improving care

- The director recognised the provider may benefit from undertaking additional training to develop their skills and knowledge to equip them to meet the regulations.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not always assess the risks to health and safety or do all that was reasonably practicable to mitigate any such risks. The provider did not always ensure staff providing care had the qualifications, competence, skills or experience to do so. The provider had not always ensured staff were recruited safely and this posed unnecessary risks to service users.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Risks to the health, safety and welfare of service users had not always been assessed. The provider had not followed their recruitment policy to ensure staff were safely recruited.</p>

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

Warning Notice