

Redyfne Recruitment And Staffing Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Redyfne Recruitment and Staffing Limited is a domiciliary care agency providing care and support to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection the service was supporting 51 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and relatives told us they felt staff had a kind and compassionate attitude. People felt treated with respect and were encouraged to be as independent as possible. Staff knew people well and were able to recognise any change in their needs.

We found concerns around medicines management. There was a lack of systems and processes to monitor and safely manage medicines. Despite our concerns, people and relatives told us they received their medicines safely and on time. People's risks were not always assessed, and appropriate guidance was not always provided to staff to minimise people's known risks. There was a lack of auditing systems to ensure oversight of the quality of care being provided and help service improvement.

We have made a recommendation around improving staff recruitment practices.

Staff had been trained in safeguarding and understood how to recognise abuse and who to report to if any concerns were found. People usually had the same care staff visiting them and were able to build a rapport with them. Staff had received training in infection control and had access to PPE. The service followed government guidelines around COVID-19 testing and staff were encouraged to be vaccinated.

Staff were well supported through regular training, supervision and appraisal. People received an assessment prior to the service starting care, this ensured the service was able to meet their needs. Where it was an identified need, people were supported to eat and drink, staff heated up meals or prepared simple meals and snacks. The service made referrals to healthcare professionals when necessary to support people's wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to give their feedback on the service and felt the service were easy to communicate with and responsive. The service worked in partnership with other healthcare professionals and made

appropriate and timely referrals. Staff felt supported and valued by the management team. There were regular staff meetings to share information and allow staff to voice their opinions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We found three breaches of regulation in relation to medicines management, assessing risk and overall governance 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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Redyfne Recruitment and Staffing Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience supported the inspection by making telephone calls to people and relatives to gather feedback about the quality of care they received.

Service and service type

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

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 1 October 2021 to help plan the inspection and inform our judgements. We also reviewed information we had received about the service

since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

As part of our monitoring activity prior to the inspection, we spoke with six people using the service and six relatives. We also spoke with the registered manager and the office manager. We used all of this information to plan our inspection.

During the inspection

We spoke with the office manager, chief executive officer and supervisor. We reviewed infection control, staff rotas and looked at six staff files including recruitment, supervision and appraisal records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at six people's care and support plans and risk assessments, three people's medicines records, training records, quality assurance records, and other documentation involved in running the service. We spoke with five care staff, the registered manager, office manager and chief executive officer.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

Using medicines safely

- Medicines were not safely monitored and managed.
- There was a lack of systems and processes in place to monitor and manage medicines where people were being supported with this aspect of their care.
- Where people required support with medicines, CQC look at what support people require. There was significant confusion around the difference between prompting and administration of medicines. The registered manager told us they only prompted people with medicines. However, care plans and staff and people's feedback clearly showed medicines were being administered. For example, people's care plans stated, '[Person] is unable to self-medicate. Care workers are required to administer medication to [person]' and '[Person] is unable to self-medicate requires the carers to prompt her medication.' Due to the misunderstanding around administration of medicines, they were not being appropriately monitored and managed.
- Where medicines support was required and documented in people's care plans, there was no list of medicines to be administered, how and when to administer and where medicines were stored in people's homes.
- The registered manager confirmed no medicines audits were completed.

Systems had not been established to document and monitor people's medicines care and support needs. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our concerns around systems and processes to manage medicines, people and relatives who received support with medicines, told us they received their medicines safely and on time. Relatives felt medicines were well managed. One relative said, "They give her [person] the tablets and they record everything in the book. The carer tells me if the tablets are in short supply. They make sure."
- Staff had received training in administering medicines and told us they felt confident in supporting people with their medicines. Staff were competency checked following training to ensure they were safe to administer medicines.

Assessing risk, safety monitoring and management

- People's personal risks were not always assessed to ensure they were kept safe from harm.
- People's known risks were documented in their care plans. However, known risks were not always risk assessed to provide guidance to staff on how to minimise the known risk. This included recurrent urinary tract infection, swallowing difficulties and catheter care. It was not clear what role care staff had in

monitoring or supporting people with these needs.

- Where risks were assessed, these were not specific or person centred to the individual and how the risk impacted them. For example, one person's care plan stated, 'Risk of falls, [person] has a low standing tolerance and is unsteady on her feet, she is at great risk of a fall.' There was no further information on what this meant for the person or how staff should work with them to minimise the known risk.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. The lack of appropriate risk assessments around people's known risks may place people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst we found concerns around assessing people's known risks, we received positive feedback that staff understood their care needs and how to work with them.

Staffing and recruitment

- There were enough staff to ensure people's care needs were met.
- Most people and relatives told us they had the same care staff visiting them which gave a continuity of care. One person said, "I used to have many carers but now I have the same carer every day. She has got to know me well" and a relative commented, "She has the same carer. If she is away a different lady turns up. She feels safe with this carer." However, one person said, "It is a bit confusing. It's never the same one [care staff]."
- People and relatives told us staff, or the office, would call them if they were running late.
- At our last inspection we made a recommendation around reviewing how rotas were planned to ensure continuity of care at weekends. At this inspection, people and relatives told us continuity of care at weekends had improved and people usually had the same care staff visiting them.
- The service had recently implemented an electronic call monitoring system. This allowed the office to monitor care visits and ensure staff arrived in time and stayed the correct amount of time.
- Overall, staff were recruited safely. Staff files showed two written references, an application form, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. However, there were not always full employment histories and gaps in employment history had not been documented. We raised this with the Chief Executive Officer (CEO) who was able to tell us why there were gaps in staff employment history but recognised these had not been documented.

We recommend the provider consider current legislation and guidance around safe staff recruitment processes.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from the risk of abuse.
- Staff had received training on safeguarding and keeping people safe. All staff we spoke with knew how to recognise signs of abuse and report them appropriately. However, following the on-site inspection we reviewed training records which showed six out of 12 staff had not had safeguarding refresher training. We spoke with the registered manager who said they were aware of this and had now been booked.
- People told us they felt safe with the care staff visiting them. One person said, "It's good because it was very hard for me to accept having someone in to help me as I am a very private person. I feel safe with her [care staff]."

Preventing and controlling infection

- There were systems and process in place to monitor and ensure people were protected against the spread of infection.
- People told us care staff used Personal Protective Equipment (PPE) when providing care. People said, "The same carer comes, and she always wears apron, gloves and a mask" and "They wear a mask. They are always clean, and they smell nice."
- Staff were following government guidance around testing for COVID-19. There were systems in place for management to monitor this. Staff were encouraged to be vaccinated against COVID-19.
- Staff had received training on COVID-19, infection control and how to appropriately use PPE. One staff member said, "We had to go to the council to do specific infection control on COVID. They also came regularly to keep us informed."

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with guidance and the law.
- People were assessed prior to using the service and the assessment was used to create their care plan. The office manager told us, "We go and see them before we start the care. We do an assessment, see if there is anything they want to add to it." A person said, "Before they started one of the managers came round and we discussed every day issues." Despite this positive feedback, we found concerns around documenting of assessments. This is discussed further in the well-led section of this report.
- Where the service had emergency referrals, they aimed to fully assess people within 48 hours. Emergency referrals are where people are referred to the service for care visits on the same day following things like discharge from hospital. Prior to the full assessment, the service had the referral details and were aware of the care and support needs of people.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and understood people's needs.
- People we spoke with said they thought care staff had got to know them, knew what to do and how to care for them appropriately. People said, "If they didn't do a good job, I would soon tell them!" and "They get the jobs done."
- Staff received a comprehensive induction when they began working at the service. This included training and shadowing more experienced members of staff before being able to work alone.
- Staff received regular support such as supervision, training and appraisal to enable them to carry out their role.

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

- People were supported, where this was an identified need, to eat and drink enough to maintain a balanced diet.
- People's care plans documented if they needed help with eating and drinking.
- Where people had support with meals, they told us that they either made their own meals or the carers made them simple meals where required.
- People and relatives were positive around how care staff supported them with meals. One person said, "The breakfast carer gets my breakfast and the lunchtime one my lunch." A relative commented, "The carer gets her meals. She has chosen soups for her dinner. She [person] gets the carer to do a dance for her while she gets her breakfast!"

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to maintain health and wellbeing by staff who understood their needs.
- We saw numerous emails showing the service made referrals to healthcare professionals where necessary such as occupational therapy and physiotherapy. We also saw the service followed referrals up in a timely manner to ensure people received prompt care and support.
- People told us they felt confident they could request different times for care visits to support healthcare appointments. One person said, "They are flexible. I had an appointment for a flu jab this morning and the carer agreed to come a bit earlier so I could go."

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- People's capacity was documented in their care plan. Each care plan had a section called 'Choices and decisions.' This clearly stated what people's capacity was, what decisions they were able to make and who made decisions on the person's behalf if they lacked capacity to make complex decisions.
- Staff had received training on the MCA and understood how this impacted on the care they provided to people.
- Staff understood the importance of offering people choice and knew this was important to ensure people felt involved in their care. A staff member said, "You ask them [people] what they would like and what they prefer. You have to ask them."

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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives we spoke with told us staff were compassionate and caring. People said, "I have the same carer. I have a laugh and a joke with her. On Sunday it is [a different care staff]. I have a laugh and a joke with him in a different way" and "The carers are okay. They are friendly while they are doing their jobs. They do talk to me."
- Staff were passionate about providing good quality care. One staff member said, "[The best thing is] Seeing the clients smile! When you know they are comfortable with you they talk about everything and they share things with you. They are comfortable to ask for what they want. As long as they are happy, I am happy."
- People and relatives felt care staff communicated well with them in a professional and caring way. One person said, "I only have one regular carer and we have very good communication between us." A relative commented, "They [care staff] are very patient with her. The carers are chatty."
- Where there were any specific religious or cultural needs, this was documented in people's care plan.

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

- People and relatives were involved in planning care and support that met people's needs. One person said, "They drew up a care plan. I also asked for a regular carer. They also did a risk assessment on me and I know that it is due to be reviewed in October. I think it was already reviewed once over the phone during the lockdown period."
- Although people were involved, not everyone we spoke with said they had a copy of their care plan. One person said, "They've got a file on me, but I have not got a copy."
- Care plans were reviewed annually or sooner if there were any changes in people's care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and feedback from people and relatives supported this.
- People felt respected when receiving personal care. One person told us, "She [care staff] helps me with showering and dressing. When I have to turn around in the bathroom with nothing on she shows by her body language that she is averting her eyes." A relative said, "She [staff member] definitely respects her dignity. Mum gets on with her very well."
- Where possible, staff promoted independence and supported people to do things for themselves. One staff member said, "Give them [people] their independence, watch and see what they are able to do themselves and encourage that. Be supportive." A relative told us staff encouraged a person's independence

and told us staff said, "You have a go at washing yourself too [person's name]."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care was planned in a way that met their needs and promoted their choices.
- Care plans were person centred and reflected people's needs and preferences. People and relatives were fully involved in initial assessments and subsequent reviews of care. One relative said, "We were fully involved."
- Whilst care plans were person centred, we also saw not all care plans noted people's likes and dislikes. We raised this with the registered manager who said this would be reviewed following the inspection.
- Staff knew people well and were able to tell us about people's likes and dislikes and how they wanted to receive their care.

Meeting 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 to their carers.

- People and relatives were provided with information in a way that met their individual needs.
- The majority of people the service worked with were able to receive information verbally.
- People's communication needs were documented in their care plan.
- Staff knew people well and understood individual people's communication needs.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint.
- Complaints were taken seriously by the service and addressed. People told us, "If I had anything to say I would tell them face-to-face or ring the office" and "If I was not satisfied with anything I would speak to [office manager]."
- A relative told us about some complaints they had made to the service. The relative told us these were dealt with effectively and they had felt able to confidently raise the complaints and be assured they would be dealt with appropriately.
- Complaints were documented. However, there was no information on any learning or how any complaints would be used to improve the quality of care. We discussed this with the registered manager who told us this would be reviewed.

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their lives.
- The office manager told us the service had supported people with end of life care since the last inspection.
- We saw a compliment that had been received from relatives following a person's passing that said, 'We would like to extend our sincere gratitude to you as a company, and the service you gave to assist my [relative]. We want to say a BIG thank you. Please extend our appreciation to, [staff member], and what a wonderful job she did. Also, to [registered manager] for her gentle, tender care.'

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always 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

- There was a lack of systems and processes to ensure oversight of quality of care.
- There was a lack of audits to enable the service to assess and monitor the quality of care. The registered manager confirmed no medicines audits were completed, they also told us monthly care plan audits were completed but these were not documented.
- Due to the lack of auditing systems, concerns picked up during the inspection around medicines, recruitment and risk assessments had not been identified.
- Complaints were addressed and dealt with but there was no documentation to support this and show outcomes or any learnings. This was discussed with the registered manager who said this would be reviewed.
- At the time of the on-site inspection, we were unable to view pre-assessments as we were told these were kept at people's homes. Following the inspection, we were sent examples of pre assessments. Despite the positive feedback around people receiving an assessment, we found pre-assessment documentation was poor. Documentation failed to document people's care and support needs, mobility, medicines and personal risks and often only used one-word answers to questions. We discussed this with the registered manager [during a telephone call following the on-site inspection] who told us, "We just go to confirm what is in the care plan [referral received by referrers]."
- We also discussed with the office manager about ensuring copies of documentation was kept at the office to facilitate monitoring and quality assurance. We were assured this would be reviewed going forward.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Audits of people's daily progress notes were completed. These looked at what care had been provided, the person's wellbeing and quality of recording. We saw where any issues were identified, these were addressed.
- There was a clear management structure in place and staff we spoke with understood their line management and where to go for help and support.
- There were regular spot checks on staff to ensure they were providing safe and effective care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt the service had an open culture and there was good communication with the office. One person said, "I can get through to them on the phone. Sometimes I just ring the carer. They always listen to me" and a relative commented, "When I ring the office a gentleman usually answers. Sometimes one of the managers comes out to do the caring and I can speak to her then."
- There were systems in place to gain people's feedback on the service. People told us, "The agency will listen. They do call me regularly to ask how things are going" and "She [registered manager] pops in now and then. She calls and asks me how things are going." However, we also received feedback from people and relatives to say they had not been asked for any feedback. A person said, "They haven't actually asked for my feedback" and a relative commented, "I don't think we have ever been asked for our feedback."
- Staff told us they felt valued and supported by the management team and said, "I enjoy working because I like looking after people, the company do value me. The clients are lovely" and "My colleagues and line manager are supportive and understand my needs."
- There were regular staff meetings to support staff and share information. Staff felt able to raise any concerns and felt their opinions were listened to. One staff member said, "If I raise concerns with anyone or at meetings, we are always made aware of processes and training. I am confident in what I am doing as we are always kept informed at monthly meetings."
- We asked people and relatives if they would recommend the service to others. People and relatives were positive about the care they received and a person said, "Overall I am quite happy with the service." A relative said, "All is going well. I just wish I had known about this agency sooner."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The registered manager was aware of their legal responsibility to be open and honest when things go wrong. They worked with the local authority and safeguarding teams where any information was required. However, we also received feedback from the local authority that feedback to safeguarding teams was not always received in a timely manner.
- Where any learning was identified, for example, from safeguarding outcomes, this was shared in staff meetings and staff supervision.
- The service worked in partnership with healthcare professionals, ensuring timely and appropriate referrals.
- People and relatives were partners in their care and were supported to be as involved as possible.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not well managed. The provider failed to ensure national guidance around management of medicines was being followed.</p> <p>The provider had failed to ensure people's known risks were assessed and monitored.</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems and processes were in place to monitor and assess quality of care and governance of the service.</p> |