Caxton Recruiting Services Ltd

# Caxton Recruiting Services Ltd

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Inadequate |

| | |
|---|---|
| Is the service safe? | **Inadequate** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

About the service
Caxton Recruiting Services Ltd is a domiciliary care agency providing personal and nursing care to two people aged 65 and over at the time of the inspection.

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
The provider repeatedly failed to ensure there was sufficient oversight and management of the service. The registered manager failed to offer adequate support to people, their relatives and staff. Incidents, accidents, complaints and safeguarding concerns were not appropriately responded to. There were no governance systems across the service and the provider did not understand their responsibilities or regulatory requirements.

Potential risks to people were not always suitably mitigated. Medicines management processes could have been clearer. Not all staff had received up to date infection control training. There was concerns that people were at potential risk of avoidable harm.

Staff were not supported to carry out their roles through satisfactory supervision, appraisal and training. We were not assured that provider did all that was possible to ensure staff were equipped to carry out their roles.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care records did reflect people's preferences, including their nutritional needs and support required from other healthcare professionals. There were enough staff to attend people's visit requirements.

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 Inadequate (published 11 July 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caxton Recruiting Services Ltd on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance, staffing, safeguarding, safe care and treatment and complaints during this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures
The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

**Is the service safe?**

Inadequate

The service was not safe.

Details are in our safe findings below.

**Is the service effective?**

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

**Is the service caring?**

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

**Is the service responsive?**

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

# 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. 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 an inspection manager and an 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.

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
Inspection activity started on 19 November 2020 and ended on 23 November 2020. We visited the office location on 19 November 2020.

What we did before the inspection
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 took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with the administrator. We took photographs of all physical evidence available to us, to limit time on site on light of COVID-19. We asked the provider for an additional list of missing documentation and gave them 96 hours to submit this to us.

After the inspection
We reviewed the evidence collated during the site visit. We reviewed additional submitted documentation such as risk assessments, training records and staff appraisal records. The provider failed to provide all the information we required by the deadline set. We gave them another opportunity to submit the documentation requested at the inspection and they partially submitted the requested information. We spoke with one relative, as both people who use the service were unable to tell us of their experiences. We also spoke with five staff.

Inadequate

# 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 inadequate. At this inspection this key question has remained the same.

This meant people were not safe and were at risk of avoidable harm.

At our last inspection we identified concerns in relation to people's risk assessments and guidance to mitigate potential risk. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management; Using medicines safely

- The provider failed to ensure people were provided with safe care, and failed to ensure the safer management of medicines.
- One person was assessed at being at very high risk of choking and had a plan for safer eating developed by a Speech and Language Therapist, however some staff weren't aware of this or of how to ensure they supported the person in a way that reduced this risk.
- Records showed, and staff confirmed, that staff had requested specific training in repositioning another person safely to reduce the risks associated with pressure ulcers, however this had not been provided to staff and they weren't sure they were using appropriate techniques to provide safe care. The provider had not sought appropriate advice or guidance on this matter from relevant professionals. This left people at risk of avoidable harm.
- One person's records showed they had been administered an over the counter medicine. There was no record within the person's medicines list as to why they might need this medicine, nor had staff written within the Medicines Administration Record (MAR) the reason for the administration of this medicine. This medicine had a high risk of overdose if administered too frequently.
- A relative informed us that a person had been prescribed a medicine that was not included in their medicines care plan or MAR. There was no record of how and when the person should receive this. Therefore we were not assured that the person had received this medicine as prescribed, as staff did not record whether it was administered.

These issues were a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we identified concerns in relation to how the provider responded to safeguarding concerns. This was a breach of regulation 13 (safeguarding) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

● The provider had a safeguarding policy and process in place, however we were not assured that they followed this.
● At our previous inspection we identified a potential choking incident. Following that inspection, we asked the provider to ensure this was reported to the local authority safeguarding team. The provider had no safeguarding incident records. The matter in question had instead been recorded as a complaint and there was no record of the matter being referred to safeguarding.
● A relative informed us of two concerns they raised, both of these should have been recorded and reported as potential safeguarding concerns. The provider had no record of these and had not taken any action to improve the quality and safety of the service people received as a result of these incidents.

This was a continued breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong
● The reporting, recording and investigating of incidents and accidents was insufficient. At our last inspection we raised concerns as to the provider's lack of incident and accident records. The provider had failed to make improvements since our last inspection.
● We reviewed the record for the incident, that had been inaccurately recorded as a complaint. There was no record of a conversation or investigation with the staff member or complainant, no reference of a referral to another healthcare professional and no record or evidence of an update to the person's care plan or risk assessment. The provider had failed to clearly record the action taken following their investigation, nor was their investigation process thorough or clear. We were not assured that management understood their responsibilities in ensuring incidents and accidents were appropriately investigated.

The failure to appropriately recognise, record and report incidents, and use them as a tool to improve the quality and safety of the service people received, is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
● We received mixed responses from staff as to whether they had received sufficient infection control training from this provider. Some staff told us they had received this from other employers. We were not assured that the provider had done all they could to ensure all staff were up to date with COVID-19 guidance.
● People's care plans referred to the use of personal protective equipment [PPE], including the use of masks and gloves. There was no specific reference to the use of masks or handwashing.
● The provider had implemented basic COVID-19 guidance and some staff had received training.

Staffing and recruitment
● The provider had one new staff member commence employment since their last inspection. Their recruitment documents were satisfactory. This included suitable references and a record of their employment history.

Requires Improvement

# 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 requires improvement. At this inspection this key question has remained the same.

This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience
At our last inspection we identified concerns in relation to how the provider supported staff through training, supervision and appraisal. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The provider failed to provide us with a record of staff supervision, therefore we were not assured that staff were supported in their practice. Only one staff member told us they received supervision, whilst others only confirmed they were subject to spot checks.
- We reviewed appraisal records for three staff, however all of these were unsigned and undated. Furthermore, the appraisal records did not include comments from management on staff performance or competence. Two of the records showed that staff had requested refresher training for moving and handling; one staff member had not been trained in this recently whilst another had the training but without a date on the appraisals it was difficult for ascertain as to whether this was in response to identified training needs.
- A staff member said, "I do have supervisions, once a year. I do have observations that last for half an hour and the last one was eight months to a year ago. I'm not too bothered that I don't have regular supervisions. I would be happy if they supervised me more." We were not assured that staff support procedures were effective or conducted in a timely manner.
- Some staff had received training in areas such as coronavirus COVID-19, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and challenging behaviour in people with dementia. However, staff also reported to us, "I did have some online training, but I can't remember how long ago and it wasn't recently. No, I've not had any specific training on Covid-19. When I started they taught us how to remove PPE."
- Where staff had been trained, the provider failed to ensure the training was embedded in staff practices through competency checks. We were not assured that all staff members received regular training, nor that they were supported to learn and understand important information relevant to their roles. There were repeated failings from the provider to support staff.

Systems were either not in place or robust enough to demonstrate staff were adequately supported to perform their duties. This placed people at risk of harm. This was a continued breach of regulation 18

(Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.
● We found at our last inspection that people did not have copies of service agreements. At this inspection, the provider again failed to produce these documents to show that people had consented to their care.
● The provider recorded a statement on people's care files to record whether people had capacity, however there was no information as to the support required for specific decisions. Care files did not reflect that decisions were made alongside people and other relevant parties in their best interests.
● We received mixed responses from staff as to their knowledge of the MCA and how it applied to their roles. Comments included, "Someone who is mentally fit, you know, they are alright in the head" and "Capacity – some clients are capable to doing things for themselves and some wont. The care plan will say if someone has capacity, which you need to read before you meet them."

We were not assured that the provider had sought appropriate consent from people, nor that they clearly recorded how to best support people to make decisions. We recommend the provider seeks advice on how to appropriately record people's consent to their care, and record decisions made in people's best interests when they are unable to consent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had care plans in place that reflected their care needs. However, there was no specific information as to how their diagnosed conditions affected them as individuals. There was a risk that staff would not always be clear as to a person's symptoms and how they presented.
● Care records did not include a record of a person's original referral assessment and presenting need. Furthermore, there were no assessments completed by the provider to show that people's needs were assessed upon commencement of the service. We could not be assured that care was delivered to meet people's presenting needs.
We recommend the provider seeks advice on recording people's assessed needs.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff supported people to eat and drink enough to maintain a balanced diet, where this was part of their package of support. Care records reflected whether people were supported to eat and drink. These were not always personalised to reflect people's food and drink preferences.
● Daily notes showed what people had eaten and the amounts they had consumed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● The service facilitated people's access to health care services, although staff were not always aware of guidelines developed by professionals when this was necessary to support people safely. Care plans showed that where one person required support and advice from Speech and Language Therapy a copy of their guidance notes was on file.

● Staff told us that people's relatives arranged their medical appointments for them.

Requires Improvement

# 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 requires improvement. 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.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The systems in the service did not always provide enough information to staff to support people with their individual needs, however staff got to know people well despite this.
- People's records did not always reflect whether they had any specific diversity or religious needs that had to be met. One person's records had not had their ethnicity or religion section completed. Another person had stated their faith, but care records were not clear as to whether they required support or consideration from staff as to how they practice their faith. A staff member was able to provide a good example of how they met someone's needs, however this wasn't reflected in their records.
- A relative reported to us that the current staff treated their family member well. Comments included, "I think the current ones are well trained. They do know her preferences, and that's what's good about it. We've thought long and hard about changing [provider] but the team we have right now are good and we don't want to disrupt that."

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

- Staff supported people to express their views and make decisions about their day-today care.
- Most of the staff understood the importance of people's care plans, telling us "A care plan is very important, you have to read the care plan before you meet a client. Sometimes there are changes to people's medicines and the care plan needs to be adjusted and the management will do it. The office informs us of any changes to people's care plans."
- Another staff member said, "I try to let them know what their options are and help them to make their choices." Although staff were able to show they cared for people well; we were not assured that the provider treated people with the same level of care, due to the numerous shortfalls.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. A relative said, "Yes, they treat [person] with dignity and respect."
- People's care plans defined some the task they could do for themselves, such as dressing or feeding themselves.

Requires Improvement

# 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 requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns
At our last inspection we identified concerns in relation to how the provider recognised, recorded and responded to complaints. This was a breach of regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 16.
● Complaints continued to be poorly recorded and responded to. At our last inspection, the provider had been unable to provide us with any written evidence of complaints. At this inspection there was an incidents and complaints folder. This contained three complaints and their responses.
● However, one of these complaints should have been recorded as an incident and safeguarding concern. The relative we spoke with also told us of multiple complaints they had raised both verbally and in writing with the provider. The provider had no record of their response to the concerns raised, nor had they recorded these as complaints. The relative told us, "We complain but don't feel it's taken seriously."

This was a continued breach of regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.
● The provider did not have an AIS policy in place. Despite this, care staff knew the people they supported well and were able to meet their communication needs.
● People's care plans stated whether they had any hearing issues or sight impairments.

We recommend that the provider review best practice so that they can ensure they are able to meet fully meet people's needs in relation to AIS.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● The systems in the service did not support personalised care that met people's needs, however relatives

expressed to us that competent staff knew their family member's needs well. Comments included, "They know [person's] needs, with new carers [person] can tell them where things go."

● Care records reflected people's needs, however as was also identified at our previous inspection these records were not always signed. Therefore, it was not clear whether people or their relatives were in agreement that these records were a true reflection of their needs.

Inadequate

# 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 Inadequate. At this inspection this key question has remained the same.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure good governance systems were in place to drive improvement across the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We had repeated, serious concerns about the ability of the provider to understand their responsibilities and regulatory requirements. Following our last inspection, we imposed conditions on the provider's registration. This required them to submit evidence of care delivery to the CQC on a monthly basis. The provider failed to comply with these conditions, either omitting information or not submitting adequate evidence.
- Staff continued to be unclear as to who the manager of the service was. Comments included, "I think [administrator] is the RM or it might be [registered manager name]. I see [administrator] every couple of months, when I go to get PPE from the office. I haven't seen [registered manager] in a very long time" and "The manager is called [administrator] and I can speak to him if I need to, Sorry, I don't know who [registered manager] is." We continued to be concerned that the registered manager failed to have oversight of the service, impacting on the quality of care delivery.
- The provider failed to carry out quality assurance audits to review care delivery. The provider was unable to provide them as part of their imposed conditions or as part of the inspection. We were not assured that the provider understood their responsibilities in relation to quality performance.
- The provider did not fully demonstrate their competence in understanding, recording, investigating and responding to complaints, incidents and safeguarding concerns. A concern raised at our last inspection had not been referred to the local authority safeguarding team, and instead was inappropriately recorded as a complaint. We were informed of multiple concerns that the provider had not responded to, some of which would have met the safeguarding threshold. The provider did not take appropriate action to ensure people were safe.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

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

● The provider had failed to respond to concerns raised by relatives. At the times they had responded the provider had apologised for any wrongdoing, however we were not satisfied they acted appropriately in all circumstances.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Relatives were not always satisfied with the support they received from management. They told us, "I can't think of anything positive. They've given us a good team now, but it's been a battle. When staff are poor performing they just keep them here and there should be a minimum standard."

● Staff told us they felt supported by management.

● The way staff delivered care was checked through spot checks, however these only occurred once a year. Staff competence was not checked regularly, and staff did not receive sufficient support to carry out their roles. Nor, did these levels of checks provide appropriate assurances for people using the service and their relatives.

● People and relative views on care received was checked during spot checks. However, the provider did not offer any other methods for feedback such as telephone monitoring or quality surveys. Steps were not taken to ensure that people and their relatives were invited to share their views and feedback to drive forward improvements.

There was a lack of management oversight and quality review to ensure that the service was adequately run. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

● Where necessary the provider contacted other healthcare professionals for support and referrals. People's relatives contacted other agencies for appointments as required.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Potential risks to people were not always suitably mitigated |

**The enforcement action we took:**

We cancelled the provider's registration

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Safeguarding concerns were not always identified, investigated, recorded or reported |

**The enforcement action we took:**

We cancelled the provider's registration

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints<br><br>Complaints were not always acted upon, investigated or responded to appropriately |

**The enforcement action we took:**

We cancelled the provider's registration

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Governance and management oversight systems were inadequate with insufficient day to day running of the service. The provider did not understand with, or comply with their regulatory responsibilities |

**The enforcement action we took:**

We cancelled the provider's registration

| Regulated activity | Regulation |
| --- | --- |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staff did not receive sufficient training, supervision or appraisal support |

**The enforcement action we took:**

We cancelled the provider's registration