

Reed Specialist Recruitment Limited

Reed Specialist Recruitment Limited - Cambridge

Inspection report

65 Regent Street
Cambridge
Cambridgeshire
CB2 1AB

Tel: 01223316554
Website: www.reedglobal.com/community-care

Date of inspection visit:
08 June 2017
05 July 2017

Date of publication:
09 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 8 June and 5 July 2017 and was announced. Reed Specialist Recruitment Cambridge is a domiciliary care agency providing a personal care to children and young people living in their own homes. On the day of our visit four people were using the service.

The agency has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of safeguarding people from the risk of abuse and they knew how to report concerns to the relevant agencies. They assessed individual risks to people and took action to reduce or remove them. There was adequate servicing and maintenance checks to equipment to ensure people's safety.

People felt safe receiving care and staff supported them in a way that they preferred. There were enough staff available to meet people's needs, which allowed staff to spend additional time with people if needed. Recruitment checks for new staff members had been made before they started work to make sure they were safe to work within care.

People received their medicines when they needed them, and staff members who administered medicines had been trained to do this safely. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

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

Staff supported people so that they received enough food and drink to meet their needs. Information was available for staff members about health professionals involved in people's care and staff worked with them to make sure people received the care they needed.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. They responded to people's needs well and support was always available. Care plans contained enough information to support individual people with their needs. People were happy using the service and staff supported them to be as independent as possible.

A complaints procedure was available and people knew how to and who to go to, to make a complaint. The registered manager was supportive and approachable, and people or other staff members could speak with them at any time.

Good leadership was in place and the registered manager and provider monitored care and other records to assess the risks to people. This ensured that these were reduced as much as possible and improved the quality of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff assessed risks and acted to protect people from harm. People felt safe and staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were undertaken before they started work to ensure they were appropriate to work within care.

Staff received the support they needed to help people with their medicines if required.

Is the service effective?

Good ●

The service was effective.

Staff members received enough training to provide people with the care they required.

Staff supported people to continue making decisions for themselves.

Staff worked with health care professionals to ensure people's health care needs were met.

People were supported to prepare meals and drinks as independently as possible.

Is the service caring?

Good ●

The service was caring.

Staff members developed good relationships with people using the service and their relatives, which ensured people received the care they needed in the way they preferred.

Staff supported people to be as independent as possible.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required to meet all aspects of their needs.

People had information if they wished to complain and there were procedures to investigate and respond to these.

Is the service well-led?

Good ●

The service was well led.

Staff members and the registered manager worked well with each other people received a good service.

Good leadership was in place and the agency was well run.

The quality and safety of the care provided was regularly monitored to drive improvement.

Reed Specialist Recruitment Limited - Cambridge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 June and 5 July 2017 and it was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be in. This inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information available to us about the service, such as the notifications they sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with two relatives of people using the service. We also spoke with the registered manager, the quality assurance manager and two staff members. Two staff members sent us information about the agency using a questionnaire that we sent them.

We looked at the care records for four people, and at the medicine management process. We also looked at one staff record, records maintained by the service about staff training and monitoring the safety and quality of the service.

Is the service safe?

Our findings

Both of the relatives we spoke with told us that they felt their family member was safe with staff from the agency. One relative told us that one staff member had visited their family member for three years. They went on to say, "I really feel like I know them now. I trust them 100%." Both relatives said they knew who to speak with if they had any concerns about their family member's safety.

The provider took the appropriate actions to reduce the risk of people experiencing harm. Staff members demonstrated a good understanding of abuse and provided clear explanations of the actions they would take if they thought this had occurred. They knew where to report outside the immediate organisation and said they were given contact details for these organisations during their training. Staff confirmed that they had received training in safeguarding people and records we saw confirmed this.

People received care in a way that had been assessed for them to do so as safely as possible. Both relatives said that their family member was able to do what they wanted and that assessments were in place to identify possible problems and to make this as safe as possible. They Staff members told us that they had enough information about reducing risks to people. One staff member told us, "There's an individual risk assessment for each person for every different place they go to."

Staff members assessed risks to people's safety and documented these in each person's care records. These were specific to each person and described how to minimise any risks they faced during their daily routines. These included any risks with their mobility, risks from behaviour that may upset or distress the person or others and risks in relation to travelling or being in a different environment. Staff members were aware of these assessments and our conversations with them showed that they followed the guidance that was in place that told them how to reduce any risks.

Both relatives told us that staff visiting their family member arrived on time. One relative said that staff, "Never let me down, they're so good." They described how the same staff member always visited and how they were advised if this was going to change. Staff members told us that they felt that there were enough staff available and this meant they were able to give people the care they needed.

The registered manager explained that they recruited new staff members when needed to. However, because they cared for people with complex needs they preferred to make sure they had the right staff member for the job first. This meant that the staff who cared for people always cared for the same people and it was difficult to recruit an extra staff member solely to cover leave. One relative told us that this meant if their regular care worker was not available they cared for their family member themselves, although this was their preference. One staff member said that they were never asked to cover other shifts. We determined that staffing levels were acceptable, and although arrangements were not in place for replacement staff, existing staffing levels had been agreed with the commissioning local authority. This meant that although there was a risk that staff would not be available, this had been agreed due to the complex needs of the people using this service.

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. We checked one staff file and found that recruitment checks and information was available, and had been obtained before the staff member had started work. These included obtaining Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions.

The registered manager told us that staff did not routinely administer medicines to people they cared for. One relative told us that emergency medicine was available for their family member if staff members needed to use it. We saw this recorded in the person's care records. There were clear details about where the medicine was kept and when it should be used. Other care records that we looked at in relation to medicines provided staff with information about the medicines the person took and who was responsible for giving the medicine. Although staff were did not administer medicines, we saw that they had received medicines training in the use of emergency medicines. Therefore, even though staff did not perform this role they had been provided with the knowledge and skills in case it was required.

Is the service effective?

Our findings

People's care needs were met by staff members who had been suitably trained and had the knowledge and skills required. One relative told us, "Absolutely" that staff had enough training. We asked how relatives knew this and both told us that staff were already knowledgeable in how to support the person when they had first started caring for their family member.

Staff members told us, and record viewed confirmed, that they received enough training to be able to carry out their roles effectively. They confirmed that they received annual training in such areas as moving and handling, and that they were able to request additional training if they felt they needed this. One staff member told us that they had requested training in managing challenging behaviour. They had been impressed with how quickly this had been organised by the agency and it provided them with guidance for managing situations when they went out with the person they cared for.

Information provided during this visit showed that staff had received training to give them the skills and knowledge they needed to carry out their roles. The registered manager kept a record of each staff member's training that showed when staff members had last undertaken training. We saw that staff kept up to date with training, which provided them with up to date knowledge and opportunities to develop their skills.

Staff members told us that they received support from the registered manager or another senior staff member in a range of meetings, both individually and in groups. These meetings allowed them to raise issues, and discuss their work and development needs. Staff said they felt well supported to carry out their roles.

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.

We checked whether the service was working within the principles of the MCA. Staff told us that they assumed people had capacity to make their own decisions. They also said that if they had concerns about people's ability to make decisions they would refer initially to the person's family member.

People's care plans showed that staff had written guidance about how to help the person make their own decisions, such as which clothes to wear. There was also information about the discussions staff had in regard to the person's abilities and how to support them. We concluded that staff knowledge and guidance showed that the service was working within the principles of the MCA.

One person's relative told us that staff made sure their family member received food and drink while they were caring for them. Staff members told of the actions they would take if they had concerns about how

much a person was eating or drinking. This included recording details in care records, speaking with the person's family members and reporting their concerns to the registered manager.

Staff members told us that they would make referrals to health care professionals, such as GPs, if this was required. We saw that there was information in people's care records about individual health needs and health care professionals, such as GPs and district nurses, who were already involved with the person.

Is the service caring?

Our findings

Both relatives told us that staff members were kind and caring. One relative told us that, "They're [staff] brilliant, can't fault them at all." The other relative said, "She's very kind ... I can't fault her. [Person] loves her, it's perfect."

We spoke with staff members about people using the service. They were knowledgeable about people's care needs and spoke about them with understanding. All of the staff, including the registered manager, spoke about people thoughtfully. Care records also showed that staff were considerate about the way they wrote about people, taking care to write in an objective way that described their interaction with the person.

Relatives told us that they were involved in decisions made about their family member's care needs. One relative told us that staff were, "very flexible" and that they listened to what the relative said and changed how they did things. Care records included how staff should help people, while allowing them to do as much for themselves as they were able. Daily notes and reviews of care also included people's expressions and emotions, which showed how much they enjoyed the particular activity they were involved in. Staff members and their relatives could gauge from this whether the person was happy for the activity to continue.

Both relatives told us that staff members always treated their family member with dignity and respect. One relative told us that, "They're [staff] really good." They went on to explain that their family member was happy spending time with care staff from the agency.

Staff members gave us clear descriptions of the actions they would take to make sure people's privacy and dignity was respected. This included closing doors and making sure that people were covered when receiving personal care. Two staff members told us that taking time to describe and explain to people what they were going to do was particularly important. This helped reduce any anxiety they might have.

Is the service responsive?

Our findings

Relatives told us that staff members completed all of the tasks that they needed to during each visit. They also said that they were happy with the care and support their family member received from the agency staff. One relative told us, "They know my [family member] well, they get the care they need. I wouldn't be able to work if they didn't visit." Another relative told us that there were reviews of the care given to their family member.

Staff members told us that they talked with people's relatives at each visit about the care needed. They thought there was enough information in care plans to guide them in supporting people. They were able to explain how the person they cared for was looked after, the person's needs and what their usual routine.

Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, nutrition, medicine and mobility needs. We saw that the plans were very detailed and described step by step how each person should be cared for. They then went on to describe how staff supported the person do this. Included in the care records were picture support plans, which provided information about relationships (who was important to the person), their likes and dislikes and how they communicated. A 'This is me' document provided staff with information about people's abilities, where staff needed to help the person and how they should do this. For example, for one person who was not able to verbally communicate their decisions, this document advised staff about the body language they may display if they were not happy. The registered manager confirmed that there were paper records available in each person's home and a copy available in the office. We saw that staff updated daily records following each visit by staff and described how they had spent the time with the person.

Where people needed on-going help, we saw from care records that staff members worked with other care agencies to make transferring between services easy for the person. One person's care records showed that staff had contacted the other agency for information about the care staff who would visit the person. We also saw that where people had been discharged from the local hospital, staff from the agency had close links with hospital staff to make sure the correct care continued. Staff told us how when they had contacted staff from the stroke unit following one person's discharge, hospital staff visited them and the person to give advice about how to best support the person to move around. This showed that staff worked with other services to provide the help and support that was best for each person.

Relatives told us that they knew who to contact if they were not happy with any aspect of the care and support they received. One relative confirmed that information about how to complain was provided to them by the agency. They confirmed that they had made one complaint a long time ago, which had been resolved to their satisfaction. Another relative told us, "I have never needed to complain."

Staff members confirmed that details about how to make a complaint was included in the information left with people while they were receiving the service. We looked at information about complaints and saw that these had been investigated and responded to within appropriate timeframes.

Is the service well-led?

Our findings

Relatives told us that they were happy using the agency and that it provided them with the service they needed. One relative told us that they would, "definitely" recommend the agency to other people. The other relative told us, "of course" they would recommend to others.

Staff members told us that although they each cared for different people, they all worked as part of the same staff team and their goal was to care for people well. They said that although they did not often see other staff, meeting with them at group supervision gave them the opportunity to share ideas and experiences. One staff member told us how another staff member had given them advice about performing an aspect of personal care for the person they visited. They said this had resolved the difficulty they had experienced, although the other staff member did not know the person they were caring for. One staff member said they would, "wholeheartedly" recommend working for the agency and went on to say they really liked working for them. Another staff member said, "As far as I'm concerned, it's always been a good place to work."

Staff told us that the management team were good at keeping them up to date and abreast of changes. They said that they were supported by staff group meetings, as well as individual meetings. They were aware of the whistle blowing policy and would use this if needed to make sure people using the agency were safe.

There was a registered manager working at the agency. They confirmed that they were supported by the provider organisation's operations manager and by the provider organisation in general in the running of the agency. One of the relatives we spoke with described the registered manager as, "Very, very approachable. Really friendly." They went on to say that the agency was, "very well run." A staff member told us, "I can talk to [registered manager] and I can be straight with her. She's brilliant, firm but fair." The other staff member described the registered manager as, "wonderful" and said, "She's very supportive."

One relative confirmed that they had been asked to complete a survey with their views of the agency, although this had not been recently. The registered manager told us that surveys were sent to people's relatives for their comments about the service they received from the agency. The most recent result of these showed a positive response from people. However, this was conducted some time ago. Views of the agency and the care provided by staff were obtained in other ways, including spot checks to people and their relatives. One relative confirmed that these were carried out. We saw reports of these in people's care records and that no concerns had been raised.

The registered manager completed quarterly audits of the agency's systems to identify any areas that needed improvement. They told us that these audits fed into the provider's auditing system. We found that when issues had been identified, actions had been taken to address them. Where issues had been identified, such as the need to complete a particular care record, this had been delegated to the appropriate staff member and followed up by the quality assurance manager.

The registered manager completed an analysis of complaints that had occurred, which had not shown a

trend in regard to the staff involved. They took appropriate action to address this. One staff member told us that they had received feedback following information from a person's relative. We concluded that the provider's assessment and monitoring systems were effective in identifying concerns and taking action to improve the service.