

Reed Specialist Recruitment Limited

Reed Specialist Recruitment Limited - Leeds

Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 16 February 2016 and was announced. We carried out an inspection in October 2013, where we found the provider was meeting all the regulations we inspected.

Reeds Specialist Recruitment is a recruitment agency based in Leeds who also operate a personal care service. The service they provide is a home care service where they provide care and support to people in their own home and, a community service where care workers provide support and personal care to people with learning difficulties in the community. Services are also provided to children and families.

The service had a registered manager. 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.

People and/or relatives were comfortable contacting the office if they needed to discuss any concerns. However, detailed final outcomes had not been sent to the complainant following the investigation of complaints and the service could not evidence response timescales were being met.

We found care and support plans contained some very detailed and comprehensive information but some sections had not been reviewed since 2013 and we found duplication of documents. We also found it was difficult to easily retrieve information. Staff were confident people received good care and were able to tell us about people's likes and dislikes, needs and wishes.

People and relatives we spoke with told us they were very happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices. People received assistance with meals and healthcare when required. We found there were appropriate arrangements for the safe handling of medicines.

People who used the service told us they felt safe with the staff and the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm. People told us they made decisions about their care and we saw they or their relative had signed to say they consented to care. The registered manager had completed a train the training course in the Mental Capacity Act (2005) (MCA).

We found people were cared for, or supported by, appropriately trained staff, however, staff training and supervision was been reviewed by the management team. Robust recruitment procedures were in place. People we spoke with told us they were happy with the care they received and were complimentary about the staff who supported them. People said their visit times suited their wishes and staff always stayed the agreed length of time.

People who used the service, relatives and staff all told us the management of the service was very good.

Effective systems were in place to monitor and improve the quality of the service provided.

You can see what action we told the provider to take at the back of the full version of the report.

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 knew how to recognise and respond to abuse correctly. Individual risks had been assessed.

Staffing arrangements were flexible and sufficient to meet people's needs. We saw the recruitment process for staff was robust.

Safe medicine administration practices were followed so people were protected against the risks associated with the unsafe management of medicines.

Is the service effective?

Good ●

The service was effective in meeting people's needs.

Staff training provided equipped staff with the knowledge and skills to support people safely, however, staff training and supervision was been reviewed by the management team.

People made decisions about their care and support. The registered manager had completed a train the training course in the Mental Capacity Act (2005) and staff had completed MCA training.

People made decisions about their meals and healthcare. The service provided support when required.

Is the service caring?

Good ●

The service was caring.

People were very happy with the care and support provided to them and complementary about the staff. They spoke positively about the way in which staff helped them. Staff knew the people they were supporting and were confident people received good care.

People's privacy and dignity was respected.

Is the service responsive?

The service was not always responsive to people's needs.

People and/or relatives were comfortable contacting the office if they needed to discuss any concerns. However, detailed final outcomes had not been sent to the complainant following the investigation of a complaint. The service could not evidence response timescales were being met.

We found care and support plans contained some very detailed and comprehensive information but some sections had not been reviewed since 2013 and we found duplication of documents. We also found it was difficult to easily retrieve information.

A programme of community activity was available to people.

Requires Improvement ●

Is the service well-led?

The service was well led.

People who used the service, relatives and staff said the service was well managed.

There were effective systems in place to monitor and improve the quality of the service provided. Management systems were being further developed to ensure monitoring and overall governance was effective.

Good ●

Reed Specialist Recruitment Limited - Leeds

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 16 February 2016 and was announced. The provider was given notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector and a specialist advisor in governance.

At the time of this inspection there were 16 people receiving personal care from Reed Specialist Recruitment Limited - Leeds. We spoke with two people who used the service, one person we spoke with on the telephone and the other person we visited them in their home, two relatives, four staff, the registered manager, office manager and the quality assurance manager. We visited the service and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at three people's care and support plans.

Before our inspections we usually ask the provider to send us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR prior to this inspection. We reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People who used the service and relatives we spoke with told us they felt safe. One person said, "I feel safe with staff." Staff we spoke with had a good understanding of safeguarding and were able to confidently describe what they would do should they suspect abuse was occurring. Staff had received training in safeguarding children and adults and we saw safeguarding and whistleblowing policies were available.

Staff said they were able to raise any concerns with the registered manager knowing they would be taken seriously. We spoke with the registered manager who told us all incidents were recorded and they investigated concerns. These safety measures meant the likelihood of abuse going unnoticed were reduced.

We saw before a service was offered the registered manager completed an assessment which included looking at the person's home environment in order to identify any potential hazards to the individual or staff member. These included internal and external areas of the person's home.

We looked at care and support plans and found risk assessments identified hazards people might face. These included communication, physical health, medication, holidays and finances. One staff member told us, "[Name of person] as risk assessments for outings, trips to see family and medication." There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service. However, one person's care and support plan we looked at had a fire evacuation plan which had not been reviewed since 2013.

There were sufficient numbers of staff available to keep people safe. We spoke with the registered manager who told us staffing levels were determined by the number of people and their care and support needs. They also said they used a 'matching' process which included looking at which staff member was available, personality and skill level. The registered manager recorded details of the times people required their visits and which staff were allocated to go to the visit. Staff we spoke with told us they had been allocated enough time to complete each call and they never missed any calls. A person who used the service told us, "They turn up when they should and stay the length of time they should. They also let me know if a different member of staff is coming." Another person told us, "I am never left without staff." A relative we spoke with said, "They stay the length of time and if the time goes over that is ok." A staff member told us, "Sometimes I arrive early, we allow for traffic and try never to be late or miss a call." Another staff member told us, "We have plenty of time to help people."

People we spoke with confirmed they had regular and reliable staff and knew the times of their visits and were kept informed of any changes.

The service operated a robust recruitment and selection process. The registered manager was active in the

recruitment of staff and made sure they would be the 'right' person to join the team and work within the ethos of the service. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Candidates had to complete an application form and attend an interview. The staff files we looked at included an application form, interview notes and references.

We looked at the arrangements in place to assist people to take their medicines safely. Staff told us they only ever administered medicines and creams that were prescribed, and always recorded this on a medication administration record (MAR). The majority of people's medicines were provided pre-dispensed from the local pharmacist, which minimise the risk of errors being made. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely.

People who used the service and/or their relative told us they felt well supported with their medicines. The service had a clear medication policy which stated what tasks staff members could and could not undertake in relation to administering medicines.

We reviewed the medication administration records and found these were completed correctly and were audited by the service once a month.

Is the service effective?

Our findings

One person we spoke with said, "Staff have lots of experience and they have appropriate knowledge."

Staff we spoke with told us they had completed several training courses, which included health and nutrition, health and safety, infection control and medication. One staff member said, "It helps to do the job and gives you a refresher every year." Another staff member said, "Training is adequate to support people." Staff said they completed specific training which helped people they supported. These included personality disorder, mental health and behaviours that may challenge. The training records showed staff had completed training in 2015 which included autism and epilepsy. However, the registered manager told us the training record was not up to date.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. We saw from the staff records we looked at that supervision or appraisals had not been carried out consistently. Staff we spoke with said they had received regular supervision. Two staff member said, "We have supervision every six weeks." Another staff member told us, "I can always ring with an issue and have supervision but I don't think I have eight a year." The registered manager and office manager told us staff should receive eight supervisions a year and an appraisal and at least one supervision should be face to face every three months. They also said they carried out telephone supervisions if staff members had any concerns or issues they wished to discuss. We saw records of telephone supervisions in the staff files we looked at.

The registered manager told us the service has carried out a review of staff training and supervision in 2015 and had identified they could do things better. This was also identified by the quality assurance manager's audit in January 2016. As a result a new training programme was to be implemented which included face to face and e-learning training by the end of March 2016 and the registered manager told us they would be also reviewing the staff support process.

The service had an induction programme that was completed by all new members of staff on commencement of their employment. We were told by staff this included training, policies and procedures, overview of care and the service's ethos. This ensured staff had the skills and knowledge to effectively meet people's needs.

The registered manger told us competency checks were completed following induction and further competency checks were carried out as part of the 'spot check' process. They said the 'spot check' process was also been reviewed as part of the staff training and support review and this would strengthen the competency process for the service.

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.

The registered manager told us everyone who received a service had capacity to make decisions about their care and support where necessary. Members of staff and the management team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent. Staff had access to policies and procedures. Staff and people we spoke with told us they were supported to make their own decisions. People had signed documents within their care and support plan and these included the risk assessments, 'it's all about me' and the care and support plan outcome summary. These showed the person agreed with the care package and the support provided. We also saw service reviews and quality assessments were signed by people who used the service.

People, where appropriate, were assisted to maintain their nutritional and fluid intake. One person told us, "I am encouraged to eat healthily." Staff told us they would prepare meals for and/or with people and this would be from items already purchased. They said others, such as family members were also involved with these aspects of care, for example, shopping and preparing packed lunches. Staff told us before they left their visit they made sure people had access to food and drinks if required. Staff we spoke with were aware of people's specific dietary requirements. One staff member told us, "We encourage people to be involved with cooking and have introduced fruit and vegetables into people's diet. People I support are able to make their own snacks and make drinks." Another staff member said, "People are able to choose what they would like to eat and some people put a menu together for the week." This meant people's individual dietary needs and preferences were being planned for and met.

A relative we spoke with told us, "We put the meals together if [name of person] is going out with the carer."

We found people who used the service or their relatives dealt with people's healthcare appointments, although staff told us they did sometimes arrange GP, dental or optician's appointments for people when needed. Staff members told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived. A person we spoke with said, "All the staff are aware of my app on my phone which lists all my health care and medical needs." Another person we spoke with said, "My appointments are recorded in a diary." One staff member told us, "People see the diabetic nurse and osteopath if they need to" and "We try and get people involved in support groups."

Is the service caring?

Our findings

People who used the service and relatives we spoke with told us they were happy with the service they received and they received care from the same team of staff. They said they were very happy with all of the staff and described them as helpful, friendly and easy to get on with. People emphasised staff were knowledgeable about their support needs. Comments included, "Staff are excellent, top drawer. They really are helpful and care about [name of person]", "Office staff are fine", "I feel at ease with staff", "Staff understand my needs and I am very happy with the care I receive" and "I am happy with the people that take [name of person] out."

We found the registered manager, office manager and staff to be motivated and enthusiastic about making a difference to people's lives. People we spoke with and relatives were very complimentary about how staff responded to their needs.

People who used the service and/or their relative told us they were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. One person told us, "I was involved in the write up and the update of it. It is accurate and contains relevant information." A relative said they had been involved with development of the care and support plan for their family member and it was up to date.

We looked at people's care and support plans. These contained information about what was important to the person. Everyone had an 'it's about me' document and an overview sheet of care needed. These provided a summary of their background, hobbies, interests, friends and family, and any other key facts. The plan also contained information about people's social life, faith, maintaining links to services or activities in the local area.

Staff said they received enough information to know how to provide care to meet people's needs. They said care and support plans provided details to help them understand people's care needs, likes and dislikes.

If people were new to the service and before staff went to support them for the first time they were introduced by the registered manager or office manager. One staff member said, "We would be introduced if someone was new, would go over the care and support plan, would have a discussion with other staff if needed and meet with the new person."

Staff told us they always treated people with dignity and respect. They had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. Staff gave examples of how they maintained people's dignity. One staff member said, "I make sure everything is ok when we are in public. I am aware of people's needs." One person we spoke with said, "Staff respect my home and my things."

Is the service responsive?

Our findings

People had their needs assessed before they started to use the service. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the service was able to meet the needs of people they were planning to support. The information was then used to complete a more detailed care and support plan which should have provided staff with the information to deliver appropriate care.

We found care and support plans contained some very detailed and comprehensive information, had person centred sections and reflected the needs and support people required. They clearly outlined the person's likes and dislikes, past history, information about their personal preferences and were focused on how staff should support individual people to meet their needs. The care and support plans for behaviours that may challenge had clear information recorded. However, we found the care and support plans were disorganised and it was difficult to easily retrieve information without searching through the several sections, some sections of the care and support plans had not been reviewed since 2013 and we found duplication of documents. Old information was mixed in with new information, which made it difficult to understand the person's priority needs. For example, one person's care and support plan section on 'It's all about me' had been updated in 2016 and was comprehensive and informative but contained two copies of a fire evacuation plan, which had not been reviewed since June 2013 and the persons' banking procedures had not been reviewed since June 2013.

Another person's care and support plan had not been reviewed or updated since 2013. Documentation which was out of date included; the physical health risk assessment and the transport risk assessment. The quality assurance manager confirmed there had been no updates since 2013.

We saw there were no 'allergy' sections within people's care and support plans. The office staff confirmed they did not have these held separately. If a member of staff called the office to check the allergies for a person, they would be unable to access this information. The quality assurance manager told us they would address this immediately.

One staff member we spoke with said, "The care plans could be clearer of what you need to do." We spoke with the registered manager and office manager about the care and support plans and they agreed some work was needed to make these a more useable and up to date document.

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe support and care needs provided for each person. One relative said, "Staff understand [name of person] needs and know her very well and how to support her." One person told us, "They have a really good understanding about my needs."

We saw evidence people who used the service and/or their relatives were involved in the assessment, planning and implementation of their care and support plan. We saw evidence of peer meetings and service

review monitoring meeting where the person's needs were reconsidered in the light of any improvement or deterioration. One person told us, "I can read my care plan if I want to and I have as much involvement as I choose to have with my care and care plan."

We saw people's activity schedules were based on their individual preferences and promoted their independence. People had the opportunity to shop for food and cook their own meal with staff support when needed. One relative told us, "[Name of person] goes shopping on a Saturday and sometimes goes sightseeing or to an event." Another relative said, "Staff take [name of person] to the zoo or the park." One person said, "They help with shopping."

People were supported in promoting their independence and community involvement. Programmes were structured and agreed through the care planning process. We saw most people had a daily planner and activity programme.

People and/or their relative told us they knew how to complain if they were unhappy with the service they received. One person said, "I would ring the office if I had any complaints." One relative said, "I have no complaints, it is a well-run service. If there is something to address it is done straightaway."

Staff we spoke with said they knew how to manage a complaint felt confident registered manager and office manager would listen and act on their concern. One staff member said, "I record all the information in the daily notes and would speak with my line manager." Another staff member said, "I would note it in the book and then ring Reed."

Complaint data and levels of reported incidents for the services as a whole were observed to be within a shared electronic report. It was noted separate complaints figures were not produced for the Leeds branch but these could be easily done and the quality assurance manager told us they were going to look into this. We found the overall complaints numbers were very low.

Details on the complaints procedure were observed within a 'management of employees' policy' which contained relevant information, guidelines and response timescales. However, the service could not evidence these timescales were being met. A reference to the full 'complaints policy' was noted within this document, however, it was confirmed by staff there was no separate 'complaints policy'.

We looked at two completed complaint files. It was evident one complaint had a 'service user complaint checklist' in place but it was not clearly completed. There was no final outcome noted or evidence of a letter or communication detailing the actions undertaken, as stated within the services complaints procedure information. Detailed final outcomes had not been sent to the complainant. In another complaint file, a generic letter to the family regarding a complaint was observed; however, there were no details of the action taken or the final outcome.

This is a breach of Regulation 16 (Receiving and acting on complaints); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager and an office manager. The office manager worked alongside staff overseeing the care and support given and providing support and guidance where needed.

People who used the service and relatives were very positive about the management of the service and complimentary about the service they were getting. Many said they would recommend the service to others. Comments included "Reed have done a smashing job on the whole. I am very happy with everything and I am not that easy to please", "I am very happy and I am going to stay with them", "It is a good service, I have no complaints and I want to continue with them" and "On the whole they are not bad."

Staff spoke positively about the management arrangements and said they were very approachable and supportive. Comments included "It's a good run service. [Name of office manager] is approachable, helpful and supportive", "I know who to contact in the office, it's alright, I am happy enough", "I feel supported and I have never looked back since joining Reed" and "They have never failed me, they accommodate things and they listen. They are supportive and so good."

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant the registered manager only took on new work if they knew they had right staff available to meet people's needs.

We looked regional and national 'community care days' staff meeting minutes and these agendas, included updates on new guidance, training and briefings on CQC inspection process to facilitate shared learning. Mock PIR's were discussed as part of training exercises. We saw telephone discussions were held between national and regional branches of the service to discuss new areas of work, changes to documentation and best practice.

It was noted the service held and encouraged people to be involved in 'peer review' meetings in which specific care staff attended. People could choose if they wished to attend. These meetings discussed the person's current support package, new issues or proposed changes to care plans for consideration. These meetings were supportive and gave the staff time to learn from each other. Any concerns could be fed back for action or escalation. It was observed there were no set times for these peer reviews.

Within the care and support plans we looked at, we saw completed incident forms were present. Most were well written and fully completed by the care staff. For one person it was noted the immediate action sections were not always completed and sections had been left blank. One incident reported matched a CQC notification and this had been clearly recorded within the care and support plan. There were clear records of telephone discussions in relation to this between the service user and the office team.

The registered manager and office manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received.

Systems were in place for monitoring the quality and safety of the service. We looked at a range of records which showed in the main they did this effectively. The quality assurance manager told us they carried out internal quality monitoring audits and devised service development plans. We saw a quality audit have been completed by the provider's auditors in January 2016. The audit was structured to reflect the CQC five domains of safe, effective, caring, responsive and well-led. A rating was also allocated along with any actions that had been identified. We saw the rating for the January 2016 audit was 'good'. Through the provider's audit they had identified staff training and supervision processes needed to be strengthened; we saw they still needed to work on this area. We saw some areas were rating lower than 'good'. The quality assurance manager told us an action plan had been developed to record and action the identified issues.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Detailed final outcomes had not been sent to the complainant following the investigation of complaints and the service could not evidence response timescales were being met.