

Reed Specialist Recruitment Limited

Reed Specialist Recruitment Ltd - Community Care - Manchester

Inspection report

2nd Floor, 37 King Street
Manchester
Greater Manchester
M2 7AT

Tel: 01612282431
Website: www.reedglobal.com/communitycare

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

Summary of findings

Overall summary

The inspection took place on 13 September 2016 and was announced. At the last inspection in January 2014, the provider was meeting all the regulations we inspected.

Reed Specialist Recruitment Ltd - Community Care - Manchester is a small domiciliary care agency. The service provides personal and nursing care and support to adults, young people and children living in their own homes. The office is situated in the centre of Manchester with bus rail and Metro link transport systems close by.

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.

Relatives of the people who used the service told us they were happy with the care they received. They told us people felt safe with the staff and the care they were provided with. We found there were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005 and staff showed they understood how to ensure their practice was in line with the MCA.

We found people were cared for, or supported by, appropriately trained staff. Staff received support to help them understand how to deliver good care. People who used the service said their visit times generally suited their needs, however sometimes these had to be changed due to staffing or changes by the relative of the person receiving care. Some people told us calls were sometimes late, but they were always notified of this by a call from the office or care worker.

Staff we spoke with told us they received supervisions and spot checks and had completed an appraisal in 2016. Staff told us they could speak to management at any time if they had any concerns. We saw minutes from staff meetings which showed they had taken place on a regular basis; however the agency was looking at new ways to ensure all staff attended.

The care and support plans we looked at were person centred and were reviewed regularly by the registered

manager. However in two of the three care/support plans were not signed by the registered manager. We spoke to the registered manager about this on the day of inspection.

People told us they got the support they needed with meals and healthcare. We saw arrangements for managing medicines were safe.

We saw effective management systems in place in relation to the auditing of the service.

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.

Relatives of the people told us they felt safe and well looked after. Staff knew what to do to make sure people were safeguarded from abuse and any risks were managed to ensure people's safety.

Relatives of the people told us there were enough staff to support their needs. However on a weekend or holiday period, the same staff were not always available to attend people's calls. There was a robust recruitment process which was followed before staff started employment.

There were appropriate arrangements in place for the safe handling of medicines.

Is the service effective?

Good ●

The service was effective.

Staff training and supervision equipped staff with the knowledge and skills to support people safely.

The registered manager and staff completed training in Mental Capacity Act 2005 and understood their responsibilities under the Act.

People received the support they needed with healthcare.

Is the service caring?

Good ●

The service was caring.

Relatives were complimentary about care workers.

The service promoted privacy and dignity well.

Relatives told us they were involved in making decisions about the care and support people received.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed before they began to use the service and person centred care plans were developed from this information.

People had detailed, care plans in place which described all aspects of their needs. However these were not always signed by the registered manager.

Relatives of people knew who to contact if they needed to raise any concerns or complaints.

Is the service well-led?

Good ●

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.

Staff and relatives of people told us the registered manager was approachable.

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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 13 September 2016 and was announced. The provider was given notice because the location provides a community care service; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

At the time of this inspection there were 6 people receiving personal care from Reed Community Care. We did not speak to people who used the service due to the age and level of communication needs at the time of inspection. We spoke with six relatives of the people receiving care, four staff, the registered manager, office community care consultant, business 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.



Our findings

Relatives of people we spoke with told us they felt safe using the service. One relative told us, "Yes, I feel [name of person] is safe with the care workers." Another relative said, "Yes, I am happy no concerns." Another relative of the people we spoke to said they felt their family member was well looked after by good staff.

Staff had completed training in safeguarding vulnerable adults and children, and staff were able to demonstrate knowledge and identify the different types of abuse. Staff told us about the different types of abuse and how they need to ensure they completed all relevant paperwork. The provider had a safeguarding policy in place which was on display in the office. Staff confirmed they were aware of the policy and what to do and who to go to if they suspected abuse was taking place.

Relatives of people told us they were mostly responsible for the medicines, but care workers would sometimes support them with this. Staff told us they would only support with medication that had been prescribed to the person by the GP. People who told us their care workers and relatives supported them their medication were happy with the assistance they received. Relative's comments were, "I am happy with the staff knowledge around medication." And, "No problems at all with medication." Another relative told us "One of the carers brought over the medication for me to check and one of the syringes was the wrong dose. This was rectified." The provider had a medication policy in place and staff confirmed they had read and understood it.

Staff who supported people with medicines were able to tell us about people's medicines and any side effects which could occur. Staff said they would not support people with their medicines unless this was recorded on the medication administration record (MAR) sheet. We looked at two people MAR sheets which confirmed people were receiving medicines as prescribed by their GP. They told us they would contact the office for further advice if someone persistently refused to take medication.

We saw risk assessments were in place around supporting people in their home, medication, moving and handling and communication. Staff told us these were effective in supporting people in their home.

We saw systems in place to record accidents and incidents. There were audits in place to look at outcomes and lessons learnt with all accidents and incidents.

There were sufficient staff to keep people safe. However, relatives told us on a weekend and when staff were

on holiday the agency could be low on regular staff. This meant people did not always receive the same regular care worker. The registered manager told us staffing levels were determined by the needs of the people. If people's needs changed the registered manager said they would hold a review to look at how best to ensure the person's needs were met safely. People who used the service said their visit times suited their needs and staff always stayed the agreed length of time. Some people told us staff were sometimes late, but they were always notified of this by a call from the office or care worker.

Records we looked at showed requests for changes to visit times and these were responded to appropriately. The registered manager said they liked to be able to provide a flexible service to try and meet people's individual needs. We spoke with one relative who said, "Staff don't turn up or they are late because they have double booked." Another relative told us, "Not met [name of person needs] they are too short staffed." We spoke with the registered manager about staffing. They told us they were recruiting more staff, as they were aware when staff are on annual leave and on sick they can sometimes have a shortage of staff but this never had an impact on the care they delivered. The registered manager showed us correspondence of when times had been changed by the relative and the service on agreement of both parties.



Our findings

Relatives of people we spoke with said staff knew how to care for their loved ones and had the right skills and abilities to do their jobs. One relative said, "Very happy with the service very good carers." Another relative told us, "Yes, two carers went back to the office and requested more specific training due to [name of person] changing needs. This was completed within the week." Another relative told us, "Company and carers are great but their organisational skills could be improved. We kept getting asked the same questions all the time."

The registered manager had identified the training staff needed, in order to provide care and support effectively. Staff we spoke with told us they had completed training in 2015 and 2016, which included training in health and safety, moving and handling, infection control, medication and safeguarding adults and children. This was evidenced at the time of inspection. All staff had completed an induction programme before working alone in a person's home. All staff had received an induction certificate which was located in their file as evidence of completion. One staff member told us, "The training is really good. We do face to face training then refresher training on line."

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. Staff we spoke with said they had supervisions and spot checks, and had completed an appraisal. We looked at records which confirmed staff received supervisions. Some staff had received more supervisions and spot checks than others. The registered manager told us some staff needed more support than others around supervisions but this was an area they were working on at the time of inspection. Staff confirmed if they needed support the service had an open culture and they all said they felt supported in 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.

The registered manager told us everyone who received a service had their capacity assessed to ensure the best interest of people had been taken into account. 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 and relatives we spoke with told us they were supported to make their

families decisions and a whole team was involved in this process. Relatives where required 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. We also saw service reviews and quality assessments were signed by relatives of people who used the service.

Relatives of people we spoke with told us they supported their families with any appointments. Members of staff told us people who used the service had regular health appointments attended by their families, and their healthcare needs were carefully monitored. We saw care and support plans contained information regarding moving and handling assessments and healthcare reviews. One care worker told us, "If I had any issues at all around someone's care I would speak to my manager and their family straight away."



Our findings

The majority of the families of the people who use the service told us staff were kind and friendly. One relative told us, "Yes the staff are really nice and look after [name of person] well." Another family member told us, "I am happy with the carers that come to support [name of person]. Sometimes on a weekend though we may not have the same care workers." Another family member said, "If [name of person] is having an episode, they steer [name of person] away to somewhere private, they are very aware of [name of person] dignity and possible embarrassment."

Families of people we spoke with told us their relative's privacy and dignity was respected by staff knocking on the door before entering. All the families of the people we spoke with felt the care staff worked at a pace to suit their family's individual needs. One relative told us, "They will do for me."

Staff we spoke with told us about people's likes and dislikes, and said they had good relationships with people. They spoke in a caring manner about the people they supported and were able to give examples of how they ensured people's privacy and dignity were respected. Staff told us they knocked on people's doors and always asked before they provided any personal care to the people they supported. They confirmed they had time to get to know people before providing care. One staff member said, "We were introduced to people who we were going to support. If a new member of staff starts they come with us on the first few days to get to know the person and their needs." Another member of staff told us, "I have in an emergency had to go and support someone who I had never supported before. We made the family aware of this."

We looked at care plans which showed people had been involved in planning their care and support. These were personalised and included information about the specific support people required during their visits. Most of the families of the people told us they were involved in the care reviews.

We saw that the daily care records were completed at the time of care delivery and signed by the staff member or members where the call required two staff on the visit. One staff member said, "We have to write everything in the care plan so all staff are aware of what is happening and what needs to be completed."



Our findings

Records showed people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service for. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care.

Care plans contained details of people's routines, and information about people's health and support needs. The registered manager told us all copies of care plans were kept in the person's own home and an up to date copy was kept in the office. Information was person centred and individualised. We saw comprehensive information detailing each person's aims and objectives which included for one person the importance of a regular support to gain more independence. However not all of the care plans we looked at were signed by the registered manager. We spoke with relatives of people who told us they were aware of the care plans in place and felt involved in the care.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs of each person. Staff told us care and support plans were kept up to date and contained all the information they needed to provide the right care and support for people.

Relatives of people we spoke with were complimentary about how staff and the registered manager responded to their needs. One relative of a person who used the service said, "They manage things quite promptly." Another relative told us, "They listen to us and mould themselves to our needs." Another relative said, "They are very flexible around [name of person needs] "

Relatives of people we spoke with told us if they had any concerns they would speak to the care workers and felt they would be taken seriously and referred to the appropriate person. Everyone we spoke with were aware of how to complain and who to complain to.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the registered manager. The registered manager told us people who used the service were given details about how to complain in the introductory information given when people began to use the service. We looked at the complaints policy and records of complaints. We saw there was a system in place to make sure any concerns or complaints were recorded together with the action taken to resolve them and the outcome. At the time of inspection one complaint was still in the process of completion and awaiting outcome. The registered manager told us any learning from complaints or concerns received was

communicated to staff.



Our findings

At the time of our inspection the service had a newly registered manager who worked alongside staff providing support and guidance where needed. We saw the registered manager had knowledge of all of the people who used the service and was able to describe in detail their specific needs and preferences.

Mostly we received positive feedback from the relatives we spoke with thought .One relative said, "Really good in comparison to previous agencies. "Another relative told us, "They have a very positive attitude, we feel more confident with Reed." Another relative told us, "Always room for improvement especially with cover."

Staff spoke highly of the registered manager and told us how much they enjoyed their job. One staff member said, "I really enjoy my job, everyone is so supportive." Another staff member told us, "I have had a few issues outside work and my manager supported me with this." Another staff member told us, "I am really happy in my job, just would be better when we have more staff to support us."

Staff said the registered manager was very supportive. They told us the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. Staff told us they had team meetings where they were encouraged to put forward their opinions and felt they were valued team members.

Relatives who we spoke to told us they had not been asked to complete any surveys this year about the care their family member received. We looked surveys from 2015 which had only had a small response. These responses were positive and relatives said they were happy overall about the service and the staff. At the time of the inspection the registered manager was looking at new ways to gain feedback. The service was looking at newsletters to send out to people and their relatives. The registered manager told us of the regular contact they had with relatives and the people they supported.

The registered manager told us they visited people who used the service with staff. These visits were carried out to monitor service delivery and to talk to the people who used the service and identify any concerns or issues. Relatives we spoke with confirmed this happened.

The agency held staff meetings, these were arranged at different times of the day to try and ensure all staff could take part. The team meetings had a set agenda which covered the care delivery, training needs and also any health and safety concerns. The agency also sent out newsletters so all staff would receive the

same information at the same time. Staff confirmed that they received these and found them useful in supporting them in their role. The registered manager was aware of issues around staff attending these meetings and were looking into new processes for all staff to attend

We saw the registered manager audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information. Most staff were up to date with all the training, the registered manager had identified where staff had to complete refresher training in moving and handling and also mental capacity training. The registered manager said that they had already planned for staff to be placed on both training over the following months. This was evidenced through the staff training matrix. The registered manager had systems and process in place to enable them to monitor and improve the quality of the service. The management team had implemented new online paperwork for auditing the service which the new registered manager was in the process of using.