

Reed Specialist Recruitment Limited

Reed Specialist Recruitment Limited - Sheffield

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

Summary of findings

Overall summary

Reed Specialist Recruitment Limited - Sheffield is a domiciliary care agency. It is registered to provide personal care to people living in their own homes in the community. The service provides individual support to older people, younger adults and children. Support is mainly based around the provision of activities but may include some assistance with personal care. The services office is located in the centre of Sheffield, close to all transport links.

At the time of this inspection Reed Specialist Recruitment Limited - Sheffield was supporting 11 people whose support included the provision of the regulated activity personal care. Some of the people supported were under 16 years of age and included sibling groups. We were unable to fully communicate directly with the children and younger adults receiving support. We spoke with their representatives and relatives to obtain their views of the support provided.

At our last inspection, we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection, we found the service remained Good.

Why the service is rated Good.

Relatives and representatives of people receiving support told us they were confident their family member was safe.

Staff were aware of their responsibilities in keeping people safe.

Policies and procedures for the safe administration of medicines were in place should this support be required.

There were robust recruitment procedures in operation to promote people's safety.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Relatives and representatives of people receiving support felt staff had the right skills to do their job. They said staff were respectful and caring in their approach.

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.

People's support plans contained relevant person centred information to inform staff. The support plans had been reviewed to ensure they were up to date.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Reed Specialist Recruitment Limited - Sheffield

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 6 and 7 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in.

The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

On 6 March 2018, we visited the service's office to see the registered manager, speak with staff and to review care records and policies and procedures. We spoke with the registered manager, the national development manager, the business manager, a trainer, the compliance officer and three support workers in person during the visit to the office.

We reviewed a range of records, which included care records for three people, four staff training, support and employment records and other records relating to the management of the domiciliary care agency.

On 7 March 2018, we telephoned eight relatives or representatives of people who received support to obtain their views of Reed Specialist Recruitment Limited – Sheffield.

Our findings

Relatives and representatives of the people supported felt the person receiving support was safe with the support workers from Reed Specialist Recruitment Limited - Sheffield. Comments included, "I know [name of family member] feels safe with them [support workers.] They wouldn't be happy to see them if they didn't," "[Family member] is very safe when they are with [support worker]" and "I have no concerns at all about their [family member's] safety."

All staff spoken with confirmed they had been provided with safeguarding vulnerable adults and safeguarding vulnerable children training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. This meant staff had an understanding of their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults, safeguarding vulnerable children and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

We found there was a policy on medicines administration in place to inform staff. The registered manager told us at the time of this inspection no people were supported with their regular medicines. One person was prescribed emergency medicine to be administered in response to a specific event relating to a health condition. Records seen showed that staff supporting this person had received training from a medical professional should this support be required. The person's support plan contained clear details regarding this. Other support plans checked held clear information regarding responsibility for medicines administration. The registered manager confirmed that, should support with regular medicines administration be required, staff would be provided with relevant training

We found the provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We checked four staff recruitment records. All four contained all the information required by legislation. The records evidenced Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We looked at three people's support plans and saw that each plan contained detailed risk assessments that

identified the risk and the support required to minimise the risk. We found risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual.

The service had a policy and procedure on safeguarding people's finances. The registered manager told us that they occasionally handled small amounts of money for one person receiving support. We saw that financial transaction records had been completed in line with the registered providers policy. This helped to keep people safe from financial abuse.

All of the staff spoken with said that they were given enough time to travel to people and spend the agreed amount of time supporting people. People's relatives and representatives told us that staff never rushed a support visit. This showed that sufficient staff were provided to meet people's needs in a safe manner and staff were deployed safely and appropriately.

Most relatives and representatives of people receiving support told us staff were always available to provide the agreed support. One relative told us they had occasionally experienced a missed call, as their regular support worker was unavailable. The relative told us that their family member had complex needs and required support from staff that knew them. We discussed this with the registered manager who told us they had recently recruited two new support workers to specifically work with the person identified, and they were undergoing induction prior to shadowing the experienced support worker. The registered manager gave assurances that discussions had been held with the relative to resolve this.

We found policies for infection control were in place so that important information was provided to staff.

The registered manager confirmed that they monitored records of accidents and incidents so that any trends or patterns could be identified and action plans were put in place to reduce the risk of them happening again.



Our findings

People's relatives and representatives told us the service delivered care in a way that met the person's individual needs. They told us that the service was reliable and they knew the care workers that would be visiting. They told us support workers knew what support was needed and they had the skills to do their jobs effectively. Comments included, "I am really happy with them [support workers]. They have the right attitude and know [name of family member] really well," "The staff appear well trained. They know what to do" and "They are reliable and consistent. We have never had a problem with them."

People's relatives and representatives told us support workers always stayed as long as they should so that appropriate and agreed levels of support were provided. We found staff completed a record at each person's visit. This detailed the arrival and departure times. We checked some visit records and found these showed all staff stayed for the full length of time identified as needed.

People's relatives and representatives told us the person supported had access to health professionals and visits from support workers did not hinder or restrict these. Some support workers helped people access health appointments as part of their identified role.

The support plans checked showed people's dietary needs had been assessed and any support they required with their meals was documented. This showed people's opinions and choices were sought and respected and an effective approach to providing nutrition was in place.

We asked people's relatives and representatives if they found it easy communicating with the office staff. They told us that they had been provided with telephone numbers and could always speak to someone at the office if they needed to. One relative felt that messages were not always passed or delivered effectively. With their permission, we spoke to the registered manager who gave assurances that they would speak with office staff to make sure information was provided in a timely manner.

We found the service had policies on induction and training to inform practice. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. The matrix showed training in specific subjects, to provide staff with further relevant skills were also undertaken, for example, training on suctioning. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was, "Very good."

We found the service had policies on supervision and appraisal to inform practice. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We checked the supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

We saw that each staff member was provided with a handbook that contained information and guidance so that staff had access to relevant information to update their knowledge.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA so staff had access to important information. We found the service was working within the principles of the MCA.

People's relatives and representatives told us they felt consulted. The support plans we checked all held signed agreements to evidence their consent. This showed important information had been shared with people and they had been involved in making choices and decisions about their support. This showed people had been involved in making choices and decisions about the care and support they received.

The support workers spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

Our findings

People's relatives and representatives spoken with told us the support workers were caring and understood people's preferences and needs. Everyone asked said the support workers were respectful and kind. Comments included, "They [support workers] are always very respectful to us and [name of family member receiving support]," "We have four regulars [support workers]. They should be cloned. They are very good" and "The staff are very caring. I am 100 percent happy with them. They are lovely."

We spoke with support workers about people's preferences and needs. They were able to tell us about the people they were supporting, and could describe their involvement with people in relation to the support that was needed. Staff also described good relationships with the people they supported. They were aware of people's history, interests and what was important to them. Some people supported by Reed Specialist Recruitment Limited - Sheffield had specific needs and required support with identified aspects of their routines and daily living. Staff spoken with were very clear about their role and the remit for the support provided. Support workers were also aware of their role in relation to working with and informing other professionals involved in some specific support. This showed that people were provided with a bespoke service.

Staff we spoke with could describe how they promoted dignity and respect. People's representatives told us support workers respected privacy and they had never heard support workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Staff told us training in equality and diversity was provided as part of induction to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

Every staff member spoken with said they would be happy for a family member or friend to receive support from Reed Specialist Recruitment Limited - Sheffield.

The support plans seen contained information about the person's identified needs, preferred name, their history, hobbies, preferences and how people would like their care and support to be delivered. All of the relatives and representatives spoken with said that they had been involved and consulted in writing the support plan. They explained that the registered manager had visited them to discuss this. People's representatives told us they had been involved in review meetings to check the support plan was still up to date. This showed people had been involved in discussions about support and important information was

available so staff could act on this.

People's relatives and representatives told us that they had regular support workers that knew the person supported well. This showed that systems were in place to ensure people received a consistent service from staff that were aware of their identified needs.

Staff spoken with said that they had a regular schedule, which meant they could get to know the people they supported, their preferences and needs so that these could be met.

Our findings

People's relatives and representatives said the support provided by Reed Specialist Recruitment Limited - Sheffield was personalised to their family member's needs. They said support was provided in the way people wanted and staff knew what support was needed.

We looked at three support plans. They were all specific to the individual and person centred. All contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans detailed what was important to the person, personal outcomes and how these would be achieved. The plans gave clear details of the actions required of staff to make sure people's needs were met. This showed important information was recorded in people's plans so staff were aware and could act on this.

The support workers spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information that reflected the person. Staff told us that they were introduced to people and visited them in their homes with the registered manager or when shadowing more experienced staff so that they could get to know people prior to supporting them.

Support workers told us the support provided was responsive to people's individual needs. They commented, "Prior to starting work with someone, you get lots of information to get the support right" and "We are really good with families. We build up good, trusting relationships. The service is brilliant. Very person centred."

We saw that a system was in place to respond to complaints. There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

People's relatives and representatives told us they could telephone the service to speak to the registered

manager if they had any concerns. One relative shared a concern they had recently reported. The registered manager was aware of this and meeting with the person to resolve their concerns.

At the time of this inspection, no people were being provided with end of life support.

Our findings

The manager was registered with CQC. 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's relatives and representatives told us they, and the person receiving support, had met the registered manager. People told us they had found the registered manager approachable.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "I love my job every day," "Reed is one of the best agencies I have ever worked for" and "They [managers and office staff] are very supportive and you can always ring 'on call'. They always respond."

We saw an inclusive culture at the service. Staff spoken with were fully aware of the roles and responsibilities of manager's and the lines of accountability. All staff said they were part of a good team and could contribute and felt listened to. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made.

We found the provider had an internal audit team that undertook visits to the service to check the service was being well run and identify any areas for improvement. The national development manager told us the frequency of the visits depended on the score awarded at each audit. If the service fell below 90 percent then more frequent audits took place. We saw a recent visit by the internal audit team had taken place in September 2017. The service had achieved a score of 96 percent.

We found that systems were in place to measure service delivery and make sure the service continually improved. For example, since our last inspection the auditing procedure had been revised to ensure audit visits considered the previous audit report so that any areas for improvement identified could be followed up by the audit team. In addition, a care coordinator had been employed to support the running and

organisation of the service.

We saw that checks and audits had also been made by the registered manager. These included support plans, supervisions and training.

We found spot checks were undertaken to observe staff practice so that the registered manager could assure themselves that the service was being delivered appropriately. Spot checks are visits which are carried out by senior staff to observe care staff carrying out their duties to monitor the quality of their practice and to ensure the safety of the people who are being supported.

As part of the services quality assurance procedures, surveys had been sent by post or email to people using the service or their representatives. The national development manager told us that the questionnaire had been recently updated to improve responses to the questionnaires. The results of the 2017 surveys had been audited and a report compiled from this so that information could be shared with interested parties. Reflective learning and the outcomes of the surveys were discussed with the registered manager. Where any issues specific to an individual had been brought to their attention, these were responded to on an individual and private basis. This showed that the service used feedback from people using the service to improve service delivery.

The registered manager informed us that staff meetings had been very poorly attended and an electronic central mailing system (ECMS) was in operation to update staff and inform them of any events, for example, staff were electronically informed of an autism awareness day. The registered manager told us staff had access to an electronic communications page and any text message sent to staff with information and updates could be tracked to ensure important information was shared. All of the staff spoken with said they felt able to contribute their views and be listened to.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.