

Reed Specialist Recruitment Limited

Reed Specialist Recruitment Ltd - Community Care - Manchester

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

About the service

Reed Specialist Recruitment Ltd - Community Care – Manchester is a domiciliary care agency. It was providing personal care and the treatment of disease, disorder or injury to 13 children and adults at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do receive personal care, we also consider any wider social care provided.

People's experience of using this service and what we found

People were safe while being supported by the service. Staff were recruited safely and were aware of how to raise any concerns they had in relation to people's health, safety and welfare. Safeguarding processes were in place and staff felt confident to report any concerns. Risk assessments captured risks people presented and how to mitigate risk. Infection control was well managed.

Staff received an induction and training to enable them to fulfil their job role. Staff received regular supervision and support from the registered manager. People received a robust assessment to ensure the provider could meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives told us the staff were caring and their relation had formed good relationships with them. People were supported to communicate with their chosen form of communication and people were treated with dignity and respect. Staff built relationships with families.

Care plans highlighted people's needs and staff told us they were updated when required. Staff could describe how they cared for each person in line with their care plan. Complaints were acknowledged and responded to.

The provider understood their responsibilities under their registration and retained oversight of the service through audit and monitoring. Staff felt supported and could speak with the registered manager with confidence. The provider was continually reviewing the service against their improvement plan which highlighted areas to improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

Since the last inspection, the provider has moved their registered premises. The last rating for the service at the previous premises was good (published on 13 April 2019).

Why we inspected

This was a planned inspection based on the date the service was re-registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Reed Specialist Recruitment Ltd - Community Care - Manchester

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector. Two inspectors also made telephone calls to people and their relatives who were supported by the service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be

sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 March 2022 and ended on 25 March 2022. We visited the office location on 22 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, the national development manager and five care workers.

We reviewed a range of records. This included two people's care records and risk assessments. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff induction, training and supervision and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and the provider's improvement plan.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard vulnerable people from abuse.
- Staff were aware of protocols they should follow if they suspected potential abuse could be occurring and received regular training to underpin their knowledge.
- Staff felt confident to report any concerns they had and felt the registered manager would act on such concerns. Comments included, "Absolutely [registered manager] would deal with it" and "I can go to [registered manager] with anything and know I will be listened to."

Assessing risk, safety monitoring and management

- Risks to people were assessed and actions were in place to mitigate risk.
- Staff were aware of the risks each person presented and how to reduce any risk.
- Relatives told us their relation was safe while being supported by staff.

Staffing and recruitment

- New staff were recruited safely and had in place pre-employment checks to assure the provider of the staff member's character.
- There were core groups of staff to support each person to ensure continuity of care. Two relatives told us, sometimes, different staff were in attendance, however, the provider assured us they were continuing to recruit to ensure care was as streamlined as possible for those people.
- Staff felt they had enough time to deliver care and support.

Using medicines safely

- At this inspection, the provider was not supporting people with the administration of medicines. However, the provider had policies and processes in place and staff training to enable the safe administration of medicines should the provider commence medication administration.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff received training during the pandemic to underpin their knowledge of infection, prevention and control and told us they were provided with personal protective equipment (PPE) such as face masks and gloves. A person we spoke with confirmed staff were using PPE correctly.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- Any accidents and incidents were analysed for wider learning and to reduce repeat occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment of their needs to ensure the provider could provide the support required.
- The provider worked with other key agencies to ensure care was holistically assessed and delivered to achieve best outcomes for the person.
- Staff told us they had been able to work alongside some educational establishments to ensure care and support was streamlined. The provider had been able to access detailed assessments from other agencies to help in planning care for people.

Staff support: induction, training, skills and experience

- Staff received an induction and regular training to support their job role. New staff were only employed if they had previous experience in a health and social care role.
- Training was specific to each person's needs and included training in epilepsy and PEG (percutaneous endoscopic gastrostomy) tube feeding. Training was completed prior to a care package starting.
- Relatives told us they felt staff were well trained.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider was not supporting people with food and meal preparation but sometimes meals were prepared by relatives and staff ensured the meal was safely eaten.
- Where people had swallowing difficulties, this was captured in the care plan and staff were aware of any monitoring they were required to undertake. Where people used food and fluid thickener, this was prepared by relatives.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people with attendance at appointments and took part in reviews of care along with multi-disciplinary teams.
- Relatives told us, any health concerns noted by staff were reported to them promptly. Staff also told us family members also shared new information with them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We were satisfied the provider understood and applied the principles of the MCA.
- Adults supported by the provider had an assessment of their capacity to make decisions, when this was necessary. At the time of the inspection, there was no one being deprived of their liberty.
- For children supported, the child's legal guardian was consulted on decision making, however, children were supported to make appropriate decisions by staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and relatives spoke positively about the staff team.
- Staff told us they encouraged each person to be as independent as possible which included prompting of daily living skills such as washing and dressing as well as accessing the community.
- People's personal preferences and any cultural needs were captured in care plans and staff could describe each individuals' preferences.
- Relatives told us, "[Name] has got a massive relationship with staff and gets on very well with them" and "[Name] is really friendly with staff and is happy to go out with them."
- Staff spoke with compassion about the people they supported. One staff member said, "I have a fantastic relationship with the family, they are really good and they tell me if there are any changes and will check if we are aware."

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

- People and their relatives were involved in care and support and making decisions.
- People's preferred methods of communicating were recorded in care plans and staff were aware of who may use gestures or signs and symbols to communicate their needs.
- One person told us, "Staff know what they are doing, and I don't have to explain. I am fully involved with my care." All relatives told us the staff were caring.
- Relatives told us there had been some issues around communicating with the office when there were changes in people's call times, however, this had improved.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans captured people's assessed needs and directed staff to care for each individual in a person-centred way.
- Staff could describe how they supported each person and told us they were informed by the parents and the registered manager if there were changes to the care plan.
- For children supported, their legal guardian had been involved in care planning and health professionals were also consulted to ensure the care plans were holistic and person-centred. One relative said, "I have been fully involved in care plans."
- For people who were supported to access the community, care plans guided staff on what actions they should take to ensure community access was safe.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the requirements of the Accessible Information Standard.
- Information for people could be produced in other formats including pictorial images and other languages.

Improving care quality in response to complaints or concerns

- Complaints and concerns were acted on and responded to.
- Complaints were generally around late calls or a lack of communication, however, relatives told us this had improved.
- Relatives felt confident to be able to raise any concerns they had.

End of life care and support

- The provider was not supporting anyone who was at the end of their life at the time of this inspection.
- The registered manager told us, should anyone require palliative care, this would be offered as part as a multi-disciplinary team with other professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider was keen to ensure they continually learned and improved the service they offered. They were in the process of adopting a new electronic monitoring system which would allow staff to operate everything, including accessing care plans and rotas, as well as giving people and relatives the option of communicating with the provider, in real time.
- Audits were in place to monitor and improve the service. The provider also had an ongoing improvement plan in place which was regularly reviewed to ensure improvements were embedded and sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities and regulatory requirements. The registered manager was supported by the national development manager and a clinical lead was in post to give advice and support for supporting people with nursing needs.
- Staff were aware of their responsibilities and told us they received regular supervision and support from the registered manager. Staff told us they were continually kept up to date by email or phone calls and they felt comfortable to ask any questions. One staff said, "I have had regular meetings via Zoom (videocall)."
- The provider was working to improve areas identified by families about communication and the service improvement plan highlighted how these improvements would be embedded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had adapted the way they worked during the pandemic which included the way they gathered information and implemented care plans for people who required prompt care and support. A checklist was implemented which ensured key aspects of people's care requirements were not missed and this had worked well where there had been a lack of face to face contact.
- Where English was not a family's first language, the provider had, where possible, placed staff with the family who could also speak the language. This had enabled communication with the family to be more effective. Relatives told us their child was introduced to staff before working and building a relationship with them.
- Feedback had not been recently gained from staff, people who used the service or their families formally, however, this was something the provider was reviewing. Relatives and staff did make contact with the

registered manager to share information when required and this was acted upon.

Working in partnership with others

- The provider worked in partnership with other agencies to achieve best outcomes for people who used services.
- Registered managers across the organisation regularly met up and shared ideas and learning.
- The provider worked with a number of external agencies such as children's services, mental health services and nursing teams to ensure a multi-disciplinary approach supported each individual.