Reed Specialist Recruitment Limited

Reed Specialist Recruitment Limited - Community Care - London

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

This inspection was carried out on 16 December 2016 and was unannounced. This is the first inspection we have carried out since the service moved to its current location in August 2015.

Reed Specialist Recruitment Limited - Community Care - London is a domiciliary care agency providing a range of services including personal care for people in their own homes. The service specialises in providing care for people with complex needs. Care is commissioned by health and social care services. There were 23 people using the service at the time of the inspection, nine of whom were receiving support with personal care needs.

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

We received positive feedback from people using the service, relatives and staff about how the service was organised and managed.

People's needs were assessed prior to using the service and care records were comprehensive and person-centred, providing staff with the information they needed about people to care for them effectively.

Risk assessments had been carried out to address each area of risk identified for people using the service. Staff knew how to respond to medical emergencies or significant changes in a person's health. Systems were in place to manage emergencies and to provide continuity of care to people.

The service employed enough staff to ensure people's needs were being met. Staff recruitment procedures were robust and all relevant security checks were being followed to ensure suitable staff were employed by the service.

Staff received regular training and demonstrated a good understanding of people's individual needs and wishes and how to meet them.

People's health was monitored and they received regular input from healthcare professionals.

Staff received training in medicines management and people received their medicines safely.

People's nutritional needs were identified, met and monitored and staff supported people with meal planning and preparation where this formed part of people's care plans.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to

report concerns.

Complaints procedures were in place and relatives said they would feel able to raise any issues so they could be addressed.

People's capacity to make decisions about their care and support had been assessed and people were encouraged to maintain as much independence as they were able and to make decisions for themselves.

The registered manager understood their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and staff had received appropriate training in this area.

Systems were in place for monitoring the service and these were being followed. The provider recognised the importance of monitoring and improving the service and accessed health and care organisations to keep up to date with good practice guidance and legislation.

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.

People told us they felt safe and that they were supported by staff who knew how to keep them safe from abuse and harm.

Staff were employed to provide care and support to people via robust recruitment procedures.

People were supported to take their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training, supervision and support to meet their needs effectively.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards preventing people from being unlawfully restricted.

People were supported to attend healthcare appointments to ensure their needs were met.

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff were kind and caring.

People's privacy and dignity was promoted and maintained.

Staff encouraged people to make their own choices regarding their daily routines and maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were involved in developing their care plan so that staff

knew how they wanted to be supported.

People were supported to take part in the activities they enjoyed.

People's complaints were listened to and responded to appropriately.

Is the service well-led?

Good

The service was well led.

People described the registered manager and staff as supportive and approachable.

Efforts had been made to obtain the views of the people supported by the service and their relatives.

The service undertook 'spot checks' to ensure the quality of the care and support people received. When necessary, action was taken to improve people's experience of the service.

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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 16 December 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to our visit we reviewed the information we held about the service including notifications we had received. Services are required to tell us about important events relating to the care they provide using a notification. During our visit we spoke with the registered manager, a business support manager and a care co-ordinator. We looked at a sample of five care records of people who used the service, six staff records and records related to the management of the service.

Following the inspection we contacted five relatives and one person receiving support from the service. We also spoke with four members of care staff to gain their views about how the service was run.

Good

Is the service safe?

Our findings

Relatives of people using the service told us they trusted staff members and felt their family members were safe and well cared for. Comments included, "I'm very happy with the staff" and "[Staff] listen and provide a very good service."

No concerns were reported to us about the safety or the security of people's money and/or possessions. Staff were required to follow the provider's financial procedures and ensure all financial transactions were documented. We saw evidence in one person's care records where staff were completing shopping tasks and documenting purchases, money received and returned. These forms had been returned to the office for auditing purposes.

Staff understood how to recognise the signs of abuse and were familiar with the provider's safeguarding and whistleblowing policies and procedures. Staff told us they would speak to the manager if they had concerns about a person's health, safety and/or welfare. Staff were aware they could also report any concerns they may have to the local authority, the police and the Care Quality Commission (CQC). Records showed that staff received safeguarding training during their induction which was refreshed on a regular basis throughout their employment.

Risks to people had been identified and management plans were in place to mitigate these risks. A range of risk assessments were completed in relation to people's environment, mobility, road safety, communication, physical and mental health and well-being. Risks were reviewed and updated when required to reflect any changes in people's health. Staff were able to describe the care people needed to keep them safe and told us they always encouraged people to maintain their independence in areas where they were able to do so. Where incidents or accidents had occurred, appropriate steps had been taken to prevent further repeat incidents and referrals made to the appropriate healthcare professionals.

Safe recruitment procedures were in place and were being followed. Staff records contained copies of application forms, proof of identity and right to work in the UK along with suitable references. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) before staff began work. The DBS check assists employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people and includes criminal record checks. DBS checks were repeated annually and those we looked at were all up to date. This demonstrated that steps had been taken to help ensure staff were safe to work with people using the service.

There were appropriate numbers of staff employed to meet people's needs. Each person received care and support from a small team of care workers. Most of the staff we spoke with had been supporting the same person for a number of years thus providing a consistent and familiar presence for people using the service. Relatives we spoke with were positive about the regular care workers and told us staff knew their family members well.

Where staff were responsible for prompting people to take their medicines, medicines administration

records (MAR) were kept in people's care files and were signed accordingly. MAR charts were collected from people's homes on a regular basis and checked by senior staff before being archived safely and securely.

Staff were aware of the procedures in place for responding to medical emergencies or significant changes in a person's well-being. Staff told us they would contact the emergency services and record and report events to the provider. Staff confirmed they could contact the provider and the registered manager at any time, and relatives also had contact details for the service including out of hours contact numbers.

Good

Is the service effective?

Our findings

People's needs were assessed and met by the service and staff. Relatives confirmed they had been involved in the care planning process and told us, "[Staff] can read all about [my family member] in the care plan" and "They send me copies of the care plan to review." Care plans included care needs assessments, which had been carried out before the person's package of care was commenced and reviewed on a regular basis and whenever people's needs changed. One person using the service told us, "They always review my care plan because things are constantly changing."

The Mental Capacity Act 2015 (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. The application procedures for this in domiciliary care agencies are to be made to the Court of Protection.

Staff understood consent and capacity issues and had received training in this area. Where people had capacity to make their own decisions, care plans had been signed by the person who used the service to show their agreement with the information recorded. Where people lacked the capacity to make decisions about their own care, plans were developed in people's best interests and approved by family members (if appropriate) and/or health and social care professionals.

The law requires the Care Quality Commission (CQC) to monitor the operation of deprivation of liberty. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager understood the legal requirements relating to deprivation of liberty and worked with health and social services to ensure any restrictions were identified, so appropriate action could be taken to make sure these were in the person's best interest and would be authorised through the Court of Protection.

Care records included contact details for people's GPs, telephone numbers for on-call and out of hours service staff and other relevant health and social care professionals involved in people's care. Staff understood the importance of maintaining and monitoring people's health and were able to describe the action they would take if they felt a person's health was deteriorating. Healthcare appointments were arranged appropriately and people were accompanied to appointments where this formed part of their agreed care plan.

Staff had a programme of training, supervision and appraisal, so people were supported by staff who were trained to deliver care safely and to an appropriate standard. New staff were required to successfully complete a three month probation period during which they received supervision in line with the provider's policies and procedures. The registered manager told us that most staff had previous experience of working in care settings and were able "to hit the ground running" once they had completed mandatory training

based on the core standards of the Care Certificate. The Care Certificate is the new minimum standards that should be covered as part of induction training of new care workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. Staff were also visited by care co-coordinators who carried out spot checks which involved observing staff during the course of their duties and providing constructive feedback.

Staff told us they had access to further training and the majority of staff had completed vocational training courses in health and social care. Any gaps in staff member's training and development needs were addressed during staff supervision sessions. Records we saw confirmed this. Staff confirmed they also received training specific to people's individual needs, for example, use of hoists, continence management, epilepsy and seizures and PEG feeding. A training matrix showed the training all staff were required to undertake to meet the needs of people they supported such as safeguarding, mental health legislation, first aid, infection control and moving and handling.

Care plans included details about people's nutritional needs and how these were to be met. Staff supported people with food shopping and meal preparation where this formed part of the care plan. Staff prepared or heated up simple meals or served food prepared by family members. Staff we spoke with confirmed they supported people with eating and drinking and always offered people choices. People's food and fluid intake was monitored where this was required. We saw evidence that health professionals provided guidelines where people had specific issues in this area. Eating and drinking plans were in place where risks had been identified and these detailed appropriate seating positions, type of diet, equipment required and the level of assistance needed.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. One person using the service told us, "[Staff] are caring, compassionate and patient." Relatives told us, "It's all ok. I'm happy with the staff" and "[Staff] look after [my family member] well, they are very good with [them]."

Care records were person centred, comprehensive and identified the care and support each person wished to receive and what was important to them in their lives. Staff confirmed they read people's care records and had access to relevant information about how to provide good care and appropriate support to people using the service. Relatives provided positive feedback about the care and support provided by staff.

A member of staff explained how they supported people's emotional well-being as well as their physical health and told us, "I understand [them], I can tell when [they] are feeling down and I try to find out what it is that's upsetting [them]. I'm there for [them]. [They] are safe." One person using the service told us, "I mainly have one carer, it works well all round, and [staff] manage my moods. I would recommend the service."

The provider ensured consistency in care by ensuring where possible the same care staff worked with people using the service. Staff were knowledgeable about the needs of the people using the service. Some staff members had been working with the same people for several years which meant they were familiar with people's needs and preferences. One member of staff told us, "I've worked as a support worker for twenty years, I like to help people" and another member of staff told us, "I really like my job, I was a nurse in my country. I have a good relationship with my clients and understand how to help [them]. It's very satisfying."

Staff told us they took measures to ensure that personal care tasks were done in private and with as much sensitivity as possible. A member of staff told us, "I always close doors, and am always thinking about [their] privacy and dignity. It's important." Relatives confirmed staff treated their family members with dignity and respect.

Staff understood people's right to make decisions about their care and also the importance of recognising and respecting people's individual values and preferences and maintaining good relationships with people and their relatives. We saw evidence that people were asked for their views about the care they received and how the service was run. People were given information about the service before a package of care was agreed.

Good

Is the service responsive?

Our findings

Care records were comprehensive and reviewed in line with the provider's policies and procedures. We saw evidence that people's care and support was planned in partnership with them and their relatives. Health and social care professionals were also involved in the care review process where this was required. The management of risks to people's health such as personal care needs, malnutrition and falls were well documented and regularly reviewed.
People and their relatives confirmed they had received copies of care plans and a contractual agreement for the care provided. Staff told us they had access to up to date copies of people's care records and knew what action to take if and when people's needs changed.

Staff were provided with a good level of information about people's health and social care needs and the support they required, from their first point of contact and were aware they could discuss people's care with family members and health and social care professionals whenever they needed to. One member of staff told us, "I always ask [relatives] for guidance and read the care plan" and another staff member said, "[Relatives] give feedback, we talk, I like to know we are making progress."

Care records reflected people's interests and the activities they liked to take part in and identified how people were to be supported when they went out of their homes. One member of staff told us, "One thing I do is to make sure [my client] is fully occupied in some form of activity. I take them to different activities, music and dance sessions, yoga, basketball, table tennis. [My client] has a lot of friends and they all meet up at different sessions." Care records included clear information around managing any behaviour that challenged staff or the service and staff told us they knew how to respond in such situations and provide the support and care the person needed.

Staff maintained daily records about people's care. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day. Relatives confirmed that staff always completed daily notes and provided appropriate feedback about people's welfare when asked for.

The service had a complaints procedure in place and people and their relatives were encouraged to raise any issues they might have. Complaints were recorded, monitored and responded to in line with the provider's policies and procedures. People using the service and their relatives told us they knew how to make a complaint if needed. Two of the people we spoke with told us they had needed to contact the manager to make a complaint and that matters were resolved either through correspondence or meetings. One person told us, "A misunderstanding was resolved, I received a bunch of flowers and a card to say sorry. It was very caring." A relative told us about an issue they had raised and said that a meeting had been arranged to discuss the concerns. Staff knew how to support people to raise complaints if they so wished.

Good

Is the service well-led?

Our findings

People using the service, relatives and staff provided positive feedback about the registered manager and the supporting management team. Comments included, "[The registered manager] is an asset to the company. He's a really nice man and I have a lot of time for him" and "[The registered manager] is very caring and very respectful."

The registered manager had been employed by the provider for over 12 years in different capacities and possessed the relevant knowledge, experience and skills to effectively manage the service. The registered manager had gained a qualification in leadership and management and had completed advanced training in areas such as medicines and risk management. He had also qualified as a trainer in moving and handling techniques.

The registered manager demonstrated a good understanding of the service and communicated well with the people using the service, their relatives, staff and supporting agencies. Staff told us that communication arrangements were good. Staff told us, "I get on very well with the manager and everyone in the office. You only have to ring them to request something and they respond straight away." Another member of staff said, "[The registered manager and the business manager] are very helpful, really good, we all like them, they're very supportive."

There were systems in place for monitoring the care provision. These included spot checks, telephone interviews and meetings with relatives to gain their views. Staff confirmed that meetings were organised via teleconference calls or face to face on a regular basis and that they were given opportunities to "discuss concerns" and "speak about problems and people's quality of life." Staff told us and we saw records demonstrating that staff received regular supervision and annual appraisals.

We saw that efforts had been made to obtain the views of the people supported by the service and their relatives. This was either in the form of meetings or surveys. People were supported to attend meetings and contribute to the agenda and the content of the meeting. The registered manager told us that it was not always possible to get families together for meetings and in response to this a newsletter was available to people using the service and their relatives.

The provider carried out audits of the service including regular checks of care records and MAR charts that were returned to the office, to ensure that staff were completing people's paperwork correctly and to monitor any issues with staff performance. Accidents and incidents, complaints and safeguarding concerns were documented, reported to the local authority and investigated appropriately and the provider had a clear overview of the service and how it was progressing.