

Reed Specialist Recruitment Limited

Reed Specialist Recruitment Limited - Cambridge

Inspection report

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Date of inspection visit:

14 January 2020

16 January 2020

17 January 2020

20 January 2020

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 Cambridge is a domiciliary care agency providing personal care to children and young people living in their own homes. At the time of our inspection there were 17 people using the service.

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 we also consider any wider social care provided. At the time of our inspection 3 people were receiving the regulated activity of personal care.

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

Risk assessments were completed to keep people safe, although not all staff had followed the guidance to ensure people were kept safe.

People received safe support from staff who received appropriate training. The provider had a robust recruitment process in place. Relatives told us people received good support and care by staff. However, one person did not always receive enough staff to support them outside. Accidents and incidents were monitored to ensure appropriate actions were taken.

Staff promoted people's choice and independence. People were involved with decisions about their care and support. Staff understood the importance of infection control.

Relatives confirmed staff were kind, caring and compassionate. People had the opportunity to express their views and had developed caring relationships with staff. People had access to other professionals to ensure their health needs were met.

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. People told us they were provided with good day to day support with such areas as health needs and accessing the community to follow their interests.

People's care was arranged in response to their identified needs. This was kept under review and updated as and when needed.

The management team carried out regular checks and monitoring of the service.

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

Rating at last inspection and update

The last rating for this service was good. (last report published 9 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 Limited - Cambridge

Detailed findings

Background to this 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 was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency providing personal care to children and young people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' 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 14 January 2019 and ended on 20 January 2020. We visited the office location on 16 January 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. 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 all of this information to plan our inspection.

During the inspection

Not everyone who used the service could communicate verbally. We were unable to speak with people who used the service. We spoke with three relatives about their experience of the care provided. We spoke with three members of staff, the registered manager and the manager from quality assurance. We also spoke with three social workers and a staff member from social services.

We reviewed a range of records. This included two people's care records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including the service improvement plan.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. For example, when supporting people out in the community.
- We found that although risk assessments were in place the guidelines were not always followed. This meant people could be at risk.
- The registered manager was not aware that the risk assessment guidance for one person was not followed by all staff. This was due to the daily session reports not being appropriately documented. This meant the registered manager was not able to review the care that had been provided and as such had not identified the issue. We spoke with the registered manager about the issue we found and they took immediate actions to ensure people were safe.
- Accidents and incidents were logged and reviewed to ensure all appropriate action had been taken and to identify any emerging themes or patterns.

Staffing and recruitment

- People were supported by staff who had been recruited through a robust process. This included all appropriate pre-employment checks, such as references and DBS (criminal records) checks.
- Each staff member had an induction period to ensure they had the appropriate skills to support people with their care and support. Staff also confirmed that they were introduced to people and had access to all their care and support needs.
- Relatives had mixed views about the care and support they received. All relatives confirmed they were happy with the staff and the care provided. However, one relative told us they required two staff members to deliver the care and support required, but frequently only had one staff member. This meant their family member was not able to go outside safely and this affected how well they slept at night, and consequently how disturbed the person's family was. A social care professional confirmed they had met with the service and staffing levels for the person were improving.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify and appropriately report any concerns relating to the risk of abuse.
- The provider had an out of hours on-call system to support staff and people outside of normal office hours.
- People's relatives told us they felt safe when staff provided their care. One relative said, "I would recommend them, they provide a good service."

Using medicines safely

- At the time of the inspection staff were not supporting people to take their medicines. However, the provider had medicine policies in place to ensure, if support with medicines were needed, the appropriate measures would be implemented. This would include training and medicine checks for staff.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment, such as gloves and aprons, was provided for them.
- Staff confirmed they had access to and used personal protective equipment where required.

Learning lessons when things go wrong

- The registered manager confirmed any lessons learned were shared with staff at one to one supervisions and by emails or telephone calls to staff. For example, the registered manager had raised a safeguarding referral and shared better practice with staff during supervisions to ensure best practice was followed.

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 as Good. At this inspection this key question has remained the same. 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

- Before care delivery started the provider undertook assessments to establish if people's needs could be fully met.
- Care plans were developed from these assessments for each identified need people had and staff had access to clear guidance on how to meet those needs. Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively. One staff member said, "I had an induction when I started, and we receive regular training. I had mandatory training last week."
- Staff confirmed they received supervision and felt supported by the registered manager.
- The registered manager provided unannounced spot checks to ensure staff competency levels were maintained.
- Relatives told us that staff were sufficiently skilled and experienced to do their roles. One relative said, "Staff are very experienced, very professional and have the skills to look after [name]."

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

- At the time of the inspection staff were not supporting people with their nutritional needs as part of their care and support. However staff received appropriate training and where required had the skills to provide support with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people well and were able to promptly identify when people's needs changed and sought professional advice appropriately.
- Staff and management worked in partnership with health and social care organisations where appropriate, sharing information about people to ensure that the care and support provided was effective and in people's best interests.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthy life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.

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.

- The registered manager confirmed that at the time of the inspection all people who used the service had capacity to make decisions.
- Staff asked for people's consent and understood the importance of choice and supporting people to be independent as possible before they delivered any aspects of care.

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 this key question has remained the same. 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

- People's relatives told us the staff team were kind and caring. One relative said, "Staff member is very intelligent and for [relative] it's like having a sister, they have a great relationship."

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

- Relatives knew about their care plans and could decide what care and support was required. One person's relatives had written the care plan to provide all relevant information for the person receiving the support. This information was utilised within the provider's care plan to ensure a person-centred approach.
- The management team told us that if people could not express their views and be involved in making decisions about their care, their relatives and health and social care professionals would be involved. The registered manager attended regular meetings with the local authorities to ensure the care and support was achieving the required outcomes and objectives for each individual.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff respected their dignity and privacy.
- Staff received training and understood how to support people's privacy and dignity in day to day tasks and interaction. Staff said they always explained what they were doing and were mindful that people's dignity was respected. One staff member said, "I would ensure doors were closed when providing personal care."
- People's electronic records were securely stored.

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 as Good. At this inspection this key question has remained the same. 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 contained people's care needs, preferences, likes and dislikes with clear guidance for staff to follow. Care plans were regularly reviewed to help ensure they continued to accurately reflect people's needs.

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.

- Not everyone supported by Reed Specialist Recruitment Limited were able to communicate verbally. Staff used communication techniques such as picture books, sign language, and body language to support people with having a voice.
- Staff continuity supported the development of relationships and better understanding about different gestures and signs to develop better communication. One relative said, "Staff communicate with [name] really well."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain family relationships, to attend various appointments and to enjoy recreational activities according to people's individual choices. For example, people were supported to access the community if that was their choice. However, not everyone wanted this as part of their support.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with complaints.
- Relatives told us they knew how to raise concerns. One relative said, "The communication from the company is very good, really happy with the service, I have had no reason to complain."
- We reviewed the provider's complaints records which showed any concerns raised had been addressed appropriately in line with the policy and procedure for managing complaints.

End of life care and support

- At the time of the inspection no one was being supported with end of life care. However, the registered manager confirmed as with all support needs when required the appropriate training and support for staff would be in place.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had governance systems which enabled them to have an effective oversight of all aspects of the service.
- Staff felt supported and felt they could approach the registered manager and office staff for support or guidance if they needed. One staff member said, "I feel supported, they (office staff and the registered manager) are always at the end of the phone. They are understanding and very supportive."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was committed to providing a high standard of care to the people they supported.
- People's relatives spoke highly of the service. One relative said, "We have been with the service for two years and it has been an extremely good experience. The staff are very experienced and have the skills to support [name]."

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 understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People were fully involved in the service development and their views were continuously sought. This enabled the registered manager to provide a safe and effective service that met people's needs. Survey results were positive and there were opportunities for people and their relatives to have a voice.
- External professionals were positive about the care and support provided. They told us that the communication was excellent, the registered manager attended all the reviews about their care and support.

Continuous learning and improving care

- The registered manager used information gathered from quality monitoring and feedback to improve the quality of care people received.
- The provider had developed systems to identify shortfalls and learn from any mistakes or areas of concern. There was an improvement plan in place to develop the service. This was regularly reviewed to

ensure actions identified were completed.

- Staff told us that they found the office staff and management very responsive to any questions asked.

Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.