

Reed Specialist Recruitment Limited

Reed Specialist Recruitment Limited - Leeds

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 Limited is a domiciliary care agency. It was providing personal care to 13 people at the time of this inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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.

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

There were enough staff to meet people's needs. People's relatives told us they thought staff were well-trained and competent to perform their roles.

The documents we reviewed showed staff had appropriate background checks in place before starting work, and staff received good levels of training and support.

There were systems and processes in place to identify and investigate potential abuse through safeguarding procedures, and there were processes in place to report and investigate accidents and incidents.

People received an assessment to ensure staff could meet their needs before they used the service, and people were supported to eat and drink enough to maintain a balanced diet. Staff worked with other agencies to ensure people's health and wellbeing were maintained.

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's relatives said staff were kind, caring and compassionate. They also said staff respected people's choices, independence and privacy. Care plans recorded people's cultural and religious preferences, where relevant.

Care plans contained good person-centred information about what people could do for themselves and what support they needed.

There were systems and processes in place for measuring the quality of the service and making improvements to it. Staff and relatives said they were confident in the leadership 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 requires improvement (published July 2018). The service was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission (CQC). 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. The registered manager was not present at the inspection, however the branch manager was available.

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.

What we did before 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 three relatives of people who used the service about their experience of the care provided. We spoke with six members of staff including the branch manager, national development manager, care consultant and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives said the service was safe. One relative we spoke with said, "I feel [Name] is totally safe, they keep them safe and independent. I never worry about [Name] when staff are there."
- There were appropriate systems and processes in place to safeguard people from the risk of abuse. This included a safeguarding policy and procedure and training for staff on protecting vulnerable adults and children.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and managed appropriately, with clear guidance for staff on how to reduce risk. This included a description of the risk and what negative outcomes were possible, the person's understanding of the risk and what support was needed to reduce the risk.
- Risk assessments ranged from falls risks to pressure sores and mental health. There were individualised risk assessments in place, personalised to people's needs. For example there was a risk assessment for 'stranger danger' and not being at home.
- There was a business continuity plan in place with a delegation of responsibility for staff in order to minimise the impact on people in the event of a significant disruption to the service.

Staffing and recruitment

- There were enough staff to meet people's needs. Comments from relatives included, "Staff are generally on time, they have only been late once, they came and stayed late, I was thrilled with that", "We have a consistent staff team, they are always on time and always let me know if they might be late."
- Staff were recruited safely. Recruitment checks included a criminal background check, professional references, relevant interview questions and identity checks.

Using medicines safely

At the last inspection (published July 2018) the provider had failed to ensure that medicines were managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- Systems and processes around managing medicines had improved since the last inspection. We reviewed medicines administration records (MARs) and found people received their medicines as prescribed and there were no recording errors observed.

- People's relatives were happy with how responsive the service was around medicines. One relative said, "[Name's] medication has changed so much over the last few weeks, staff are constantly up to date for the next visit, there are never any problems. The MAR charts are there straight away."
- Care plans contained up to date information about people's needs and if they required any specialist help with taking their medicines.

Preventing and controlling infection

- Staff received training in preventing and controlling infection.
- Staff had access to a stock of personal protective equipment such as gloves and aprons. One staff member said, "There is access to personal protective equipment, it's always available."

Learning lessons when things go wrong

- There were processes and policies in place for recording and investigating accidents and incidents. There had been no recent accidents or incidents at the time of the inspection, but the registered manager was able to describe the process they would use to deal with them appropriately. We saw suitable documentation was available to record and address any accidents and incidents.

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

- People received an assessment prior to using the service. This included obtaining details about the person's needs, important information about them such as their life history, and also health and social care networks relevant to them.
- One relative we spoke with said, "At the assessment they asked questions, everything down to the kind of tissues [Name] uses and all her quirks, it was a good process. Everyone is different, they tailored her package to her needs and I was thrilled."

Staff support: induction, training, skills and experience

- Although staff received spot checks which included observing medicines administration, there was no specific medicines administration competency check completed. This is recommended in national guidelines as best practice. We spoke with the registered manager who said they would implement a specific medicines competency check. After the inspection we were shown evidence of this new process being implemented.
- Relatives we spoke with said staff had the right skills to meet people's needs. Comments included, "Staff have the right levels of training. They go on refreshers each year", "Staff are very dedicated and highly trained."
- Staff said they were happy with the support and training they received. Comments included, "I think staff are really good at keeping up with everything like training, if you are stuck you can always ring them and they have time for you" and "Training and support is fine, we get monthly supervisions, any training or anything gets booked. They always ask me if I need anything else. Support is there if I want it."
- Staff files evidenced staff received regular supervisions and one to one support. There was a training matrix which showed good compliance with training the service considered mandatory.

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

- Where people required support with their nutrition and hydration, care plans contained clear instructions for staff on how to meet people's nutritional needs. One person's personal goal was to 'ensure all pre-prepared meals are eaten and fluids taken as per guidance from the local speech and language therapy team'.
- Where required, staff recorded what people had eaten and drank clearly.
- Care plans contained information about people's food and drink preferences, and any religious or cultural requirements.

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

- Relatives said staff monitored people's health and wellbeing and worked with other relevant agencies to ensure people received effective care. Comments included, "The carer staff let me know about [Name's] health" and "They have never had to call a GP but the staff member would ring the office, the office would ring me and let me know if there was a problem."
- Documents we reviewed showed staff worked with other health and social care agencies to ensure staff were up to date with relevant information and were able to communicate about people's changing health needs. For example, one care plan stated the person had weekly district nurse visits for managing their skin and that staff were to record any changes to their skin to ensure effective management of pressure sores.
- Care records contained relevant information and correspondence from health and social care agencies with regards to specific medical needs and information about people's conditions or any specialised equipment they used.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- Documents we reviewed showed the service was working within the principles of the MCA. There was training for staff on the principles of the act. Consent was clearly recorded in care plans.

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 said staff treated them with kindness and care. Comments from relatives included, "I couldn't praise [Staff name] enough. They are honest, reliable, patient, trustworthy and have a lovely way about them. Lovely lady, very dedicated and highly trained", "Staff are always kind and polite", "Staff know my [relative] inside out and upside down" and "They are always kind and compassionate."
- Care plans contained information, where relevant, about people's religious beliefs and cultural needs, for example if they required a specific diet. Staff received training in equality and diversity.

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

- Relatives said people were supported to express their views and make decisions about their care. Comments included, "[Name] chooses what she wants", "Staff make sure [Name] is always involved in their care, they help them to do as much as they want to do so they aren't too dependent" and "We are all involved in the care."
- Care plans prompted staff to respect people's decisions around their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they protected people's dignity when delivering personal care. One staff member said, "With personal care or anything like that in their home, we need to go to the bathroom and of course we close doors and curtains."
- People's independence was respected. One relative said, "[Staff name] promotes mum's independence as much as she wants to be independent, asking 'show me how you do this' instead of taking away their independence."

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 good person-centred information on how to meet people's needs in a way they preferred. Care plans detailed what people could do for themselves as well as what support they needed from staff.
- Care plans were framed around what outcomes people wanted to achieve, for example improving mobility or independence.
- People's care needs were reviewed on a regular basis. Comments included, "[Name's] needs are reviewed once a year, we have done a review of what carers have to do", "We have regular reviews, we had one recently because [Name] was in hospital and her needs changed before the regular annual review."

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.

- People's care records contained detailed information about people's communicative abilities, preferred mode of communication and guidance for staff on how to communicate effectively with them. This included information about whether they used picture cards and what languages people understood, as well as any changes to people's communication ability. For example a person with limited verbal skills had improved their understanding of road safety and how to communicate this to staff, and this was recorded.
- Care plans contained instructions for staff on helping people with memory impairments to communicate their needs effectively. One example was a personal diary which was used to show the person what had happened that day and what was going to happen next.

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 provided social support visits to people, which were guided by the person themselves and tailored to their personal interests and hobbies.
- Care plans contained information about people's families, important relationships and their personal interests and hobbies to support staff to meet their needs in this area.

Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to complain and were confident their concerns would be resolved. Comments included, "If there is a worry I do make it known, I speak to the manager and can't fault them" and "If I had a complaint I know where to go. I'm confident they would sort things out, they are pretty on the ball."
- There were appropriate policies and procedures in place for monitoring and responding to complaints. We reviewed complaint responses and found they were appropriate.

End of life care and support

- Staff were not providing end of life care and support to anyone at the time of this inspection, but the registered manager understood their role in ensuring people received effective end of life care and support within the wider health and social care network.
- There was training available for staff on end of life care.

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 requires improvement. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff we spoke with said they were confident in the leadership of the service and that it was a positive place to work. Comments included, "It is a supportive place to work, if there are any problems you know you can go to them" and "Managers are approachable and open, I feel welcomed in the office."
- All staff we spoke with said they would be happy to recommend the service as a place to work.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were quality assurance processes and procedures in place to ensure the quality of the service was monitored. These included checks of medicine administration records and care plans to ensure they met the provider's standards. At the last audit, nine people's care plans were checked which resulted in various actions being taken to improve the service. This included reviewing risk assessments and resolving an issue with a person's communication.
- The registered manager had an activity tracker which was a live document and contained information about ongoing improvements or new activities for them to complete, for example chasing up a GP for information and completing spot checks on staff.
- The registered manager regularly met with other registered managers to discuss incidents and key areas of performance as well as any new good practice guidance. At the last meeting staff discussed ideas for recruiting staff without experience and developing them, training dates, areas of performance and ideas from other managers such as using social media and improving staff interviews.
- There were a range of policies and procedures in place which referenced relevant guidance and were regularly reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's relatives said staff asked for their feedback and engaged with them, even though the provider did not issue an annual survey. Comments included, "I've had questionnaires to fill in. I've never had to complain" and "We communicate over time sheets and daily notes staff take".
- People's relatives said they felt managers were responsive and open. One relative said, "I speak to the branch manager if I have a problem. I rarely have a problem, I know who they are. I would be happy to

recommend them."

- Staff were involved in fundraising. For example in 2018 staff raised £300 for a charity after a service user passed away.
- Staff sponsored a disabilities week with events such as a sponsored walk and provided refreshments and gave awards to people.

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

- There was a duty of candour policy and procedure in place for if something went wrong.