

Reed Specialist Recruitment Limited

Reed Specialist Recruitment Limited - Sheffield

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Reed Specialist Recruitment Limited - Sheffield is registered to provide personal care. The service provides individual support to older people, younger adults and children living in their own homes. The service operates in Sheffield, Barnsley, Doncaster, Rotherham and Chesterfield. Support is mainly based around the provision of activities but may include some assistance with personal care. The services office is located in the centre of Sheffield, close to all transport links. The office is open from 8am until 6pm Monday to Friday. An on call system is in operation.

At the time of this inspection Reed Specialist Recruitment Limited - Sheffield was supporting 15 people whose support included the provision of the regulated activity 'personal care'. Some of the people supported were under 16 years of age and included sibling groups.

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

Our last full inspection at Reed Specialist Recruitment Limited - Sheffield took place on 14 April 2014. The service was found to be meeting the requirements of the regulations at that time, with the exception of Regulation 23, Supporting Workers as we found gaps in the frequency of staff supervisions. We undertook a follow up inspection on 3 September 2014 and found action had been taken to address and meet regulations relating to staff supervisions.

This inspection took place on 11 January 2016 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available.

People supported by the service and their relatives or representatives told us they felt (their relative was) safe with their care givers and staff were respectful. People told us the support provided met their needs and the care givers were kind, caring and polite. People spoken with said they had regular care givers that they knew well. They knew which care giver would be visiting to support them and care givers always arrived when they should and stayed the full length of time agreed.

At the time of this inspection no person was supported with their medicines. However, we found systems were in place to make sure people received their medicines safely, should this support be required.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and

knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and proud to work at the service. Staff were confident in the way the service was managed.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

The support provided was person centred and each person had a support plan that accurately reflected their needs and wishes so that these could be respected. Support plans had been reviewed to ensure they remained up to date.

People supported, and their relatives or representatives said they could speak with staff if they had any worries or concerns and felt they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys and the results of these surveys had been audited to identify any areas for improvement.

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.

Safe procedures for the administration of medicines were in place should this support be required.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and relatives told us they were confident the person being supported was safe.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

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

Some staff had not been provided with supervision or appraisal at the frequency set out in the company policy. The registered manager rectified this and put systems in place to prevent reoccurrence.

People felt staff had the skills to do their job.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Is the service responsive?

Good ●

The service was responsive.

People's support plans contained accurate information and had been reviewed to ensure they were up to date.

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

Is the service well-led?

Good ●

The service was well led.

Staff said the registered manager was approachable and communication was good within the service. Staff meetings were held to share information.

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

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

Reed Specialist Recruitment Limited - Sheffield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was 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 11 January 2016 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available. This inspection was undertaken by two adult social care inspectors.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Sheffield local authority and nine health professionals who had contact with the service, including social workers and the service manager of a supported living service. Information received was reviewed and used to assist with our inspection.

As part of this inspection we spoke with the relatives or representatives of five people supported by Reed Specialist Recruitment Limited - Sheffield, to obtain their views of the support provided.

We visited the office and spoke with the registered manager, business manager, national development manager and trainer. In addition, three support workers visited the office base so we could speak with them.

We spent time looking at records, which included one individual's and two families care records, three staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

Relatives and representatives of the people supported said they were safe with the support workers from Reed Specialist Recruitment Limited - Sheffield. Comments included, "They are an excellent service. I know my relative is safe with them [support workers]" and "I know [name of person supported] feels safe when they are with them [support workers.]"

We asked about the support people got with their medicines and all of the relatives and representatives told us the support staff from Reed Specialist Recruitment Limited - Sheffield did not handle any medicines.

Staff spoken with confirmed they had been provided with safeguarding vulnerable adults and safeguarding vulnerable children training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the registered manager and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw policies on safeguarding vulnerable adults, safeguarding vulnerable children and whistleblowing were available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them and confirmed they had read and understood them.

The registered manager confirmed that at the time of this inspection no people were supported with their medicines. We found that systems were in place should this support be identified as needed. Some staff had been trained in medicines administration, both online and by the local authority so that they were available to support a person if they needed help with medicines. The registered manager told us that specific training had been provided by the district nurse team when it had been required, for example training in suctioning. In addition, the registered manager had undertaken medicines competency assessment training so that they could assess if staff followed safe procedures. We found appropriate policies were in place for the safe administration of medicines so staff had access to important information. We found the support plans checked contained clear detail regarding medicines and who was responsible for administration. They also contained details of the person's medicines so that staff were fully informed. Staff spoken with confirmed they had undertaken training on medicines administration. We looked at the staff training records which showed that some support staff had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health.

We found the provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff.

We checked the recruitment records of three support workers. They all contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We looked at three people's support plans and saw that each plan contained detailed risk assessments that identified the risk and the support required to minimise the risk. We found risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual.

The service had a policy and procedure on safeguarding people's finances. The registered manager told us that they did not handle the finances of any person supported with personal care. We saw that financial transaction records were available to staff so that full and accurate records could be maintained if care workers ever handled a person's money. The registered manager confirmed that when used, completed transaction sheets would be returned to the office for checking.

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

Is the service effective?

Our findings

People's relatives and representatives told us the service delivered care in a way that met the person's individual needs and ensured their health and safety. They told us that the service was reliable and they knew the care workers that would be visiting. People said they had never had a missed visit.

Comments included, "They [support workers] are always punctual and stay the full time they should," "The staff seem well trained, we are happy with the service. They are reliable," "I get a weekly rota so that I know who will be coming. It's the same group of staff. They are all really nice" and "We get a list every month of who is coming. It is always staff who know us."

People's relatives or representatives told us support workers knew what support was needed and they had the skills to do their jobs effectively. Comments included, "They [support workers] know [name of person supported] really well" and "We are really happy with the staff. They have built on the relationship and have got to know [name of relative] really well. They always come back from spending time with them [support workers] in a good mood."

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

We asked people's relatives and representatives if they found it easy communicating with the office staff. They told us that they had been provided with telephone numbers and could always speak to someone at the office if they needed to. One health professional spoken with was involved with two people supported by Reed Specialist Recruitment Limited - Sheffield. They told us, "We work together so any changes are communicated between us." Another representative told us "We email each other to keep up to date." This showed that the service communicated with people.

We checked three support staff visit schedules for the month prior to this inspection. The records showed that staff were undertaking regular visits at identified and agreed times. This showed systems were in place to ensure a consistent and reliable service was delivered.

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. All of the staff spoken with said that the training provided by the registered provider was good. Training records were held electronically and individual training certificates were kept in staff's individual files. The registered manager told us that administration staff produced a monthly training report to audit staff training. We saw a monthly training report that identified when refresher training was due and when it had been booked. This showed that systems were in place to make sure staff training was kept up to date.

Records showed induction training was provided over two days that covered mandatory subjects which included infection control, safeguarding adults and safeguarding children. Records also included subjects such as privacy and dignity, equality and diversity, understanding your role, communication and duty of

care. This showed that staff were provided with relevant training to ensure they had the skills needed for their role. The registered manager informed us new staff always shadowed a more experienced member of staff before working on their own. Staff spoken with confirmed this and said they were up to date with all aspects of training.

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

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

There was a policy on consent to care and treatment in place to ensure clear procedures were in place to ensure people's agreement was obtained. We spoke with the registered manager about the systems in place to ensure people consented and agreed to the support provided. The registered manager explained that assessments were always undertaken with the person supported and their relatives or representatives to ensure their views were obtained. People were also involved in writing their support plan and they [or their relative] signed them to evidence their agreement.

We looked at three support plans. Service user agreements were signed by the person supported, or their representative where it had been identified they were unable to sign. This showed that people had been consulted and agreed to the support provided.

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 make 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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This does not apply when people are supported in their own homes and any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service had written information on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so staff were provided with important information to uphold people's rights.

We spoke with three support workers during our inspection. Staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

Staff spoken with confirmed that they had been provided with MCA and DoLS training so that they had the knowledge to uphold and promote people's rights. We looked at the training matrix to confirm this. Staff told us they had access to written information and guidance on the MCA and DoLS to support their

understanding. One health professional told us, "Staff have a really good knowledge of the MCA and DoLS."

Is the service caring?

Our findings

People's relatives and representatives spoken with told us the support workers were caring and understood people's preferences and needs. Everyone asked said the support workers were kind. Comments included, "They [support workers] know [name of person supported] really well, so they know what they need, what they like," "[Name of person supported] really likes their support workers and that is the most important thing. That's what matters" and "We get the support we need. The staff are really friendly," "They [two people supported] think the staff are wonderful" and "[Name of person supported] thinks they [support staff] are all really nice. We are happy with all the staff."

People's relatives or representatives spoken with told us the support workers were always respectful. Comments included, "They [support workers] are always polite. They always arrive on time" and "All the staff are very good, very respectful."

People spoken with said that they felt involved and kept informed by the service. One person said, "They always keep in touch and keep me up to date." Another representative told us, "They are good at working together, they always let me know any updates. I feel fully involved."

One relative told us that support workers involved them and always asked their opinion and checked with the person supported that they were happy with the plans. They commented "They know [name of person supported] really well. They are very friendly and we know all of them that come. They always chat to me and check we are okay with everything."

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

Staff we spoke with could describe how they promoted dignity and respect. People's representatives told us support workers respected privacy and they had never heard support workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights. We saw that the service had a policy on confidentiality so that staff had access to important information. The registered manager told us that the topic of confidentiality was discussed in induction training so that support workers were aware of the expectations of their role. Every staff member spoken with said they would be happy for a family member or friend to receive support from Reed Specialist Recruitment Limited - Sheffield.

Staff told us and training records confirmed that training in Equality and Diversity was provided as part of

induction training to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

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

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

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

Is the service responsive?

Our findings

People's relatives and representatives said the support provided by Reed Specialist Recruitment Limited - Sheffield was reliable and they had been involved in planning the support visits so that their opinions were considered. People said the registered manager from the service had visited them to assess the person's needs and write a support plan.

People made positive comments about the service. These included, "Reed workers invite us to all the reviews so we can keep things up to date," "The care plans are always updated as needed," "Absolutely brilliant person centred care" and "No concerns at all, we are kept involved."

People's relatives and representatives told us that the support was provided in the way people wanted and staff knew what support was needed.

People told us that they had no worries or concerns, but knew who to contact if they had. People said that staff at the office would listen to them. Comments included, "I can ring [name of registered manager] any time" and "There is always someone available to talk to."

Health professionals spoken with said the service worked closely with them. Their comments included, "I used Reed agency often as part of [the local authority] children's disability team. Overall I found them a good service to deal with. They were excellent regarding attendance at meetings when planning for service users. They were good at providing a service when required" and "Reed has been very helpful to me. They have provided a professional service in supporting vulnerable families with practical help in the home, have observed contacts and have provided useful information which have contributed further to our assessments. The support I have commissioned has taken place in the homes of families."

We looked at three support plans. These included one individual and two families supported. They all contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans detailed what was important to the person, personal outcomes and how these would be achieved. The plans gave clear details of the actions required of staff to make sure people's needs were met. Risk assessments had been written so that any potential risks, and the actions needed to reduce risk, had been identified. The plans and risk assessments had been reviewed to make sure they were up to date. The service user agreement had been signed by the person receiving support or their relative and representative to evidence that they had been involved and agreed to the plan.

The support workers spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information that reflected the person. Staff told us that they were introduced to people and visited them in their homes with the registered manager or when shadowing more experienced staff. They also said that they never

supported a person without an agreed plan in place. They said that they had access to people's support plans and copies were kept in each person's home and the office so that important information was always available. The registered manager informed us that in addition, support plans were anonymised and sent to relevant support workers to make sure they had access to this important information.

We saw support staff kept records of each visit to show what support had been provided. We looked at these records and found they contained clear and sufficient detail to give a full picture of the visit and the supported person's wellbeing so that this could be monitored. We saw that the length of visits recorded matched the visit times set out in the persons support plan. This showed that the service had been delivered as agreed.

We found the support plans checked held evidence that reviews had taken place to make sure they remained up to date and reflect changes.

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

Is the service well-led?

Our findings

The manager was registered with CQC.

There was a clear staffing structure including a registered manager who had been in post since the service commenced.

People supported, their relatives or representatives had met the registered manager. People told us they had found the registered manager approachable and supportive.

Staff spoken with were fully aware of the roles and responsibilities of manager's and the lines of accountability. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "I am extremely well supported by the manager. I can ring anytime" and "I feel very supported. If there are any problems I can talk to [name of manager]. I would recommend Reed." All staff spoken with said they felt valued by their manager's.

We sent questionnaires to some staff prior to our inspection. Staff had commented, "Having worked in the care setting for 16 plus years I can safely say that Reed has been my favourite employer. If I have any concerns or issues I know I can get hold of someone and they'll provide sound advice" and "Reed has proven to be a very professional company to work for. I have no issues at this time."

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

We found the provider had an internal audit team that undertook visits to the service to check the service was being well run and identify any areas for improvement. The national development manager told us the frequency of the visits depended on the score awarded at each audit. If the service fell below 90 percent then more frequent audits took place. We saw the most recent visit by the internal audit team had taken place on 1 December 2015. The audit report showed that all aspects of the running of the service had been considered, for example, staffing and support planning. We found the service had scored 91 percent in the December visit.

However, we found that the audits did not refer to or consider the previous audit report so that any areas for improvement identified could be followed up by the audit team. We spoke with the national development manager regarding this who gave assurances that this would be discussed for future audits. We acknowledge that all audit visits and reports were discussed in managers' meetings so that any identified issues were not lost.

We found additional systems were in place to check the running and delivery of the service. The registered manager and business manager held monthly meetings to discuss aspects of the running of the service. We saw records of these meetings which showed staffing hours, work allocation, supervisions and spot checks

had been discussed. The records also showed that audits by the internal audit team had been discussed. For example, one audit seen identified gaps in spot checks (visits to observe support staff with the person supported). We saw that this had been discussed in the managers' meeting and actions had been taken to address and rectify these. The registered manager told us that a minimum of two spot checks would be undertaken each year. Whilst records of spot checks seen showed gaps, the registered manager showed us a record that identified future spot checks had been arranged to address this. In addition, the service had employed a care coordinator so that they could assist the manager in undertaking some spot checks.

The national development manager told us that they held fortnightly telephone calls with the registered manager to discuss the running of the service, for example, any issues and new packages. The national development manager also visited the service in a quarterly basis as part of the quality assurance procedure. A complaints tracker was provided to the national development manager each month so that any concerns could be audited and patterns identified.

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

We saw that records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

As part of the services quality assurance procedures, surveys had been sent by post to people using the service or their representatives. The national development manager told us that the response to the surveys had been very poor. To address this, an online survey had been introduced. The national development manager told us that over the last three months the response had improved and 14 of 55 surveys had been returned nationally. Surveys for Reed Specialist Recruitment Limited – Sheffield were being collated. The national development manager confirmed that the results of any surveys would be audited to identify any actions needed and shared with interested parties. Reflective learning and the outcomes of the surveys were discussed in telephone calls. Where any issues specific to an individual had been brought to their attention, these were responded to on an individual and private basis.

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

We saw policies and procedures in place which covered all aspects of the service. We checked a sample of the policies held electronically at the services office. The policies seen had been updated and reviewed to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.