

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 

## Overall summary

This inspection was carried out on 20 and 21 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the service.

There were nine people using the service at the time of the inspection. The service had moved location and was registered with the Care Quality Commission in December 2013 and this was their first inspection. The people using the service had complex needs and were not able to

# Summary of findings

provide us with feedback about the service. We therefore contacted relatives to obtain feedback, plus a community professional had provided feedback prior to the inspection.

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. They specialise in providing care for people with complex needs and the care is commissioned by health and social care services. There was 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 relatives, care workers and a community professional, who felt the service was well run and people's needs were identified and being met with dignity and respect.

People 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.

The service employed enough staff to ensure people's needs were being met. Staff recruitment procedures were in place and 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.

Risk assessments had been carried out to address each area of risk to individuals. Care workers 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.

Staff received training in medicines management and people received their medicines safely. People's nutritional needs were identified, met and monitored. People's health was monitored and they received input from healthcare professionals.

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.

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.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. There were arrangements in place to safeguard people against the risk of abuse and staff understood these.

Staff recruitment procedures were in place and being followed. The service had enough staff to meet the needs of people using the service.

Risk assessments were in place for people's safety and well-being.

People were given the support they needed to take their medicines safely.

Good



### Is the service effective?

The service was effective. Staff received training so they had the skills and knowledge to care for people effectively.

Staff understood people's rights to make choices about their care and acted in their best interests to ensure their freedom was not unduly restricted.

People were supported with meals and their nutritional intake was monitored to provide them with the nutrition they needed.

People's healthcare needs were being monitored and they were referred to their GP and other healthcare professionals as required.

Good



### Is the service caring?

The service was caring. Relatives told us staff were kind and caring and treated their family members with dignity and respect.

Staff had enough time to give people care and support and to meet all their needs.

Care records reflected people's individual choices and wishes and staff understood the care and support people needed and promoted their independence.

Good



### Is the service responsive?

The service was responsive. Care plans for people's identified needs were in place so staff had the information they needed to care for people and confirmed they read the care plans and assessments prior to providing care.

Relatives said they were able to raise any concerns with the registered manager so they could be addressed.

Good



### Is the service well-led?

The service was well-led. The registered manager had been working with the service for more than 3 years and demonstrated a good understanding of how to manage the service.

Relatives felt able to discuss any issues with the registered manager and that he listened to them. Care workers said the registered manager was supportive and approachable.

Good



## Summary of findings

<p>There were systems to assess and monitor the quality of the service. The provider followed good practice guidance and legislation to make improvements to the service they offered to people.</p>	
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# Reed Specialist Recruitment Limited - Community Care - London

## 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 20 and 21 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the service. The inspection was carried out by a single inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that had occurred at the

service and the results of questionnaires sent out by CQC that had been completed and returned by seven care workers and one community professional. At the inspection we looked at four care records, three staff records, quality assurance records, accident and incident records, correspondence with people who used services, and policies and procedures.

During the inspection we met with the registered manager, the national development manager representing the provider, the business manager and two care workers. Because of their communication needs, people using the service were not able to provide us with feedback about the service. Following the inspection we telephoned three relatives of people receiving support from the service and spoke with them about their relatives' experiences of using the service and also spoke with a third care worker. We also contacted three social care professionals to request feedback about the service but did not receive responses.

# Is the service safe?

## Our findings

Staff understood the importance of providing the care and support people needed to keep them safe. Relatives confirmed they felt their family member was kept safe and said they would speak with the registered manager if they had any concerns.

Staff told us they had undertaken safeguarding training and training records we saw confirmed they had received this. Staff were clear about identifying and reporting any suspicions of abuse to the registered manager. Staff also understood whistleblowing procedures and knew they could contact the Care Quality Commission and local authority if they had any safeguarding concerns. Company policies and procedures for safeguarding and whistleblowing were in place and included an easy to follow flow chart for the reporting of safeguarding incidents. Information on these topics was also included in the Temporary Employees Handbook, given to all care workers, and staff were encouraged to report any concerns promptly. The provider also had copies of the safeguarding procedures for the local boroughs where people using the service lived, so they could ensure any local protocols were also being followed.

One member of staff explained the procedures in place to ensure people's monies were monitored, including recording all items of expenditure and checking and recording monies at each handover so they were being monitored. We saw financial records were maintained with receipts provided for items purchased by staff on behalf of people, to evidence any expenditure. We discussed safeguarding notifications with the registered manager, who confirmed they would submit these for any events raised or reported under safeguarding procedures.

Detailed risk assessments were in place and identified each area of risk to a person and the action to be taken to minimise them. These included the person's environment as well as risks to the individual, for example, communication, physical health and mental and emotional health risks. Risks were assessed as part of the person's initial assessment and were reviewed and updated when required to reflect any changes. Staff were able to describe the care people needed to keep them safe while encouraging them to maintain their independence in areas where they were able to do so. Accidents and incidents were clearly documented, reported to the local authority

and investigated and action taken to minimise the risk of recurrence. Equipment in people's homes was recorded and staff confirmed servicing of equipment was carried out every six months to maintain it in safe working order.

Recruitment procedures were in place and were being followed. Application forms had been completed and copies of curriculum vitae for each person were available, providing a full education and employment history. Pre-employment checks had been carried out. These included Disclosure and Barring Scheme checks and fitness to work checks, which were both renewed annually in line with company policy, a recent photograph and proof of identity documents, the right to work in the UK and obtaining three references, including those from previous employers. The staff records showed employment checks were being carried out to ensure only suitable staff were being employed by the service. The company had a lone working policy in place and we saw risk assessments had been carried out for staff so any risks around lone working were identified and the action to be taken to minimise them identified.

There were appropriate numbers of staff employed to meet people's needs. Each person received care and support from a small number of care workers so they got to know them. The care records clearly identified how many care workers each person required over the 24 hour period, and staff were allocated to meet these requirements. Relatives we spoke with were positive about the regular care workers and were happy their family member received consistent care from the same care workers. We viewed the staff allocations for two people and saw these had been completed and were up to date. The staff rotas were completed each month and we saw where action had been taken to cover any leave or other staff absences. Care workers and relatives confirmed the service provided people with continuity of care from care workers.

Procedures were in place for medical emergencies and care workers were able to describe the action to be taken, including contacting the emergency services and recording and reporting of 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. Business continuity plans were in place for office based staff and care workers so staff knew the action to take if they were delayed or unable to reach people's homes to

## Is the service safe?

ensure people were supported and kept safe should this occur, for example, due to severe weather conditions or transport delays. There was an out of hours service and the office telephones diverted to this number so people and care workers could contact them for help and advice outside office hours. One relative mentioned they had been unable to contact this service a few weeks previously and the registered manager explained a technical issue had been identified and addressed at that time and the service was in full working order.

Care workers supported some people by either prompting or administering their prescribed medicines. Staff said they received training in medicine administration and where appropriate this included specialist methods of administration, for example, if someone was not able to take their medicines orally, so they could administer people's medicines safely. We also saw records of the training staff had received in medicine prompting and administration and staff were able to tell us how they

ensured people received their medicines safely and described any administration requirements specific to the needs of the person. Procedures for medicines management were in place and the levels of support included specialised techniques, for example, administration of medicines via a feeding tube, use of oxygen and nebulisers and different methods of medicine administration. Risk assessments and care plans were in place for medicines administration for staff to follow and staff confirmed they received medicines training prior to carrying out any medicine prompting or administration tasks. Medicine administration records were completed by staff to evidence people had received their medicines appropriately. Any medicine related incidents were reported to the local authority and staff received training updates to refresh their knowledge and skills. The provider discussed and monitored staff prompting and administration of medicines during spot checks, supervision sessions and team meetings.

# Is the service effective?

## Our findings

The provider had a process for matching people with care workers who could meet their needs effectively. This included consideration of any religious, cultural and communication needs. Staff confirmed they were matched with people and understood their needs in these areas. Relatives spoke positively about the registered manager and the care workers. One said of their family member's regular care workers, "I can't fault them."

Care workers received induction training and shadowed experienced colleagues prior to working with people. We viewed the induction training records and these were comprehensive, providing staff with a good knowledge of providing care and support to people. Staff confirmed this training was thorough and provided them with the knowledge they needed. The business manager said the provider had reviewed the induction training in conjunction with the Care Certificate to ensure all aspects of the training requirements would be covered. We also viewed training records and saw care workers received training in topics including health and safety, moving and handling and principles of care, effective communication and confidentiality. They also received training specific to people's individual needs, for example, use of hoists, continence management, palliative care and the use of feeding tubes for people unable to take food and fluid by mouth. Staff also told us about the training they received and said it was good. One described it as, "top to bottom", meaning it covered all the areas they needed to learn about. This meant staff received training to provide them with the knowledge and skills to support and care for people effectively.

Care workers were supported by the provider through one to one spot checks and supervision sessions. The spot checks were carried out in people's homes so the registered manager could observe how staff provided care and support to individuals and get feedback from the person about the care they received. The registered manager also held face to face and teleconference staff meetings, and staff said these enabled them to share and discuss experiences to enable them to also learn from each other. Annual appraisals were also carried out for all care

workers, to discuss their progress and any training and support needs. Care workers confirmed the registered manager was supportive and approachable and they were happy with the level of training and support they received.

Care workers demonstrated an understanding of acting in people's best interest and supporting them to make choices. A policy was in place and staff had received training in the Mental Capacity Act (MCA) 2005 and understood the need to act in a person's best interests. They said they respected people's rights to make choices for themselves for as long as they were able to do so, for example, what to wear and what to eat. Records were clear about what people's choices and preferences were for their care provision, when they were able to make best interest decisions themselves and when it was necessary to involve health or social care professionals and next of kin in making best interest decisions. Advocacy services were available for people to use and we saw where people had an advocate to support them. We saw evidence in the care records that people had signed, if they understood their care plan, to give their consent to the care and support being provided.

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 plans included details about people's nutritional needs and how these were to be met. Staff supported and assisted people with meals and the level of support they required was recorded. If people's intake needed monitoring, meal planners were being used and these listed each meal and what had been eaten, so the information was available to health care professionals to provide them with this information. If people were identified as being at nutritional risk, then food and fluid charts were used and we saw where these had been completed to more closely monitor a person. Staff were aware of any limitations to their involvement with food preparation in line with people's religious beliefs, to ensure



## Is the service effective?

these were always respected. If people had specialist feeding needs, for example, if someone had swallowing difficulties, this was recorded and staff received specialist training and were confident they would be able to provide the care and support people needed if required.

Information about the health and social care professionals involved with a person's care and support was recorded in the care plan. These included the GP, occupational

therapist, wheelchair service and mental health professionals. Staff understood the importance of maintaining people's health and described the action they would take to contact healthcare professionals if a person's condition deteriorated, so they could receive the input they needed. Healthcare appointments were arranged appropriately and people were accompanied to attend these, so their health was being monitored.

# Is the service caring?

## Our findings

Relatives were complimentary about the care workers looking after their family members. One said of the care workers, “They are excellent, I couldn’t fault them. They have a tremendous rapport with [relative]. Reed know how to pick them.” Another told us, “They do a good job, they are caring.”

Staff confirmed they had enough time to provide the care and support people needed and to carry out other duties according to their care plans. Staff were knowledgeable about the needs of the people using the service and understood the importance of providing good care for people to meet their needs and wishes.

The provider produced a Care & Support Services guide and this was available to people enquiring about services and provided them with information about the services available. When people were referred to the service, assessments were carried out to identify their care and support needs and these were thorough and reflected the individual. Information had also been obtained from health and social care professionals so the service had a clear picture of the person and all their needs. 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, so staff had the information they needed to provide the care people wanted to receive. Care workers confirmed they read the care records and made sure they understood the care people needed.

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. They told us about the importance of treating people well and respecting their rights. Information about staff conduct was included in the Temporary Employees Handbook and highlighted the importance of treating people with dignity and respect and giving due consideration of people’s religion, culture and any other preferences. Also using people’s preferred name and promoting people’s independence. Staff confirmed they read the information provided by the service and understood the importance of treating people appropriately. A care worker told us, “I treat people the way I would like to be treated.”

Staff said when the service were matching them with people, consideration was given to communication needs to match people with care workers who could communicate well with them and understood their culture and beliefs. Information about the languages care workers spoke was included in the staff application form and staff received training in communicating effectively. Several of the care workers had been providing care and support for people over a period of years and had got to know people they cared for well. A care worker told us how they understood the limited communication a person had and were able to respond well to them and meet their needs. This was confirmed by a relative we spoke with who told us the care worker really understood their family member and provided a good standard of care. The registered manager said they recognised the importance of providing people with continuity of care so a good relationship developed between the person and the care workers.

# Is the service responsive?

## Our findings

The professional who completed our questionnaire provided the following comments, “I have worked closely with the service for 3 years and have always found the manager and staff to be well-informed, professional and caring. We hold joint care reviews and always share relevant information about the people we support and ensure that both staff teams are kept fully up-to-date at all times. Any concerns have always been addressed quickly and to my satisfaction and have always taken into account the opinion of the people we support.”

Care records were comprehensive and we saw two had been reviewed within the last six months, with input from the person, their next of kin, health and social care professionals and care and management staff from the service. Staff confirmed copies of care records were available in people’s homes so they had them to read and refer to. Any changes to people’s care had been recorded and the registered manager confirmed updated copies of the care records were taken to people’s homes so care workers had the up to date information to refer to. Two others were due for review and the registered manager provided a satisfactory explanation as to why this had not yet happened, and was in the process of arranging the reviews. However, where a care worker had identified a change in a person’s needs we saw this had been promptly communicated to health and social care professionals so they could provide the input the person needed. We saw this information was contained in the person’s records and staff we spoke with were able to tell us about the person’s changing needs. This meant staff understood and responded appropriately to people’s changing needs.

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. Staff confirmed they supported people to go out and about in the community where they were able to do so and enjoyed being able to provide this support so people had access to different experiences. The care records also included support strategies for behavioural changes, identifying triggers for this, the early warning signs, coping strategies and crisis and contingency plans. These provided clear information so staff knew how to respond in such

situations and provide the support and care the person needed. People’s religious needs were identified in the care records and staff were aware of these and understood how to support people to meet these.

We viewed some of the daily records and these had been well completed and provided a good picture of the care and support provided to the person, activities they had taken part in and any health or social care input they had received. Any changes were also recorded and action taken to meet these, for example, informing the GP or the community nurse where appropriate. Care workers told us they also had to inform the registered manager of any changes in a person’s condition and the action they had taken to address it. One relative told us about the improvement in their family member because care workers had a good understanding of their medical condition and had helped to manage it well.

Systems were in place to ensure appropriate cover was provided for any staff holidays or absence. This included introducing the relief care workers to people in advance of the holiday and ensuring there was always one care worker available who had experience of working with the person, to provide continuity of care. The registered manager explained that in the case of staff sickness or short notice absence the service had staff who lived near people and could provide cover. Relatives confirmed staff were not rushed when they attended their family member and had the time required to complete the care and support people needed.

The service had a complaints procedure in place and people and their relatives were encouraged to raise any issues they might have. Relatives said they felt confident to raise any issues they might have with the registered manager. One relative told us about an issue they had raised and said it had been appropriately addressed. The service had a complaints procedure in place with a flow chart to follow when managing a complaint. Staff knew how to support people to raise complaints if they so wished. We viewed a sample of the complaints records and saw complaints had been acknowledged, investigated and responded to in a timely way, with action also being taken to address the issue and minimise the risk of recurrence. For example, a memo was sent out to all staff reminding them of the company policy about using mobile phones when on duty. Complaints were recorded on the computer system and monitored at organisational level, so they

## Is the service responsive?

could be analysed and flagged up with the provider to make them aware of any issues and trends. With relatives

permission we fed back any issues that were raised with us to the registered manager who was receptive, took appropriate action regarding the issues and provided clear feedback on what they had done to address the concerns.

# Is the service well-led?

## Our findings

Relatives and care workers spoke positively about the service provided and felt they were listened to. One relative said, “They listen to your opinion.” Comments from care workers included, “[Manager] listens and makes things better.” “Reed care about the carer.” and “I’ve not got any cause to regret working for Reed. ....They always seek your opinion.” Comments from staff received on the CQC questionnaires included, “In my opinion the clients are getting a good service.” and “Reed is one of best agencies I have worked for. ....Their attitude towards service users as well as staff is excellent. ....It is stimulating and encouraging to bring out the very best in us.”

The registered manager had worked for the provider for more than three years. They had a qualification in leadership and management and had completed advanced medication training, to enable them to effectively assess and monitor the medicines care and support staff provided to people. They demonstrated a good understanding of the service and communicated well with staff. They knew the importance of ensuring people and their relatives felt confident in the service and for good communication with the health and social authorities who commissioned services. The provider had an office in Stratford which was near to the people using the service. The registered manager explained this was used for meeting with people and their relatives and with care workers so they could discuss any matters they wished to and provide them with support. The provider had systems in place to support the registered managers, for example, conference calls to discuss any issues and newsletters for office based staff to keep them up to date, for example, with legislation and good practice guidance.

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 meetings, annual care reviews for people using the service and reviews of care records. The registered manager checked records that were returned to the office, for example, daily record booklets which were checked for content and quality. This was to ensure the care workers were completing people’s paperwork correctly and to

monitor this so any issues could be addressed with staff. The service had recently recruited a community care support officer who was visiting and meeting with people using the service and reviewing their care records to ensure they were up to date. The national development manager said the provider was looking at ways in which they could gain the views of people using the service and this was work in progress.

The provider carried out audits of the service and we saw results for audits carried out in June 2014 and March 2015. These covered staff recruitment, training and supervision, people’s records, complaints, referrals and an audit of the location’s own monitoring processes. This way the provider had an overview of the service and how it was progressing. The provider operated a red, amber and green scoring system, and on both audits the service had obtained a green rating, which was a good rating. There was a business development plan for the service and this identified ways for the service to expand and continue to be managed effectively.

The company policies and procedures were updated centrally and the business manager explained all those relevant to care workers could be accessed online or emailed to them. This included the out of hours team should they need to access policies for guidance. A health and care magazine was produced by the provider and this was informative and covered a wide range of health and social care topics. This was available for staff and people using the service. The provider also had a website and information about health and social care services was available to view online. The provider was signed up to a variety of organisations, for example, Skills for Care and associated organisations and the National Dignity Council. These organisations were geared towards supporting staff to maintain a high standard of care provision and were used in conjunction with the training and support provided by the service. The provider accessed information from organisations such as the National Institute for Health and Care Excellence and the Social Care Institute for Excellence, to keep up to date with good practice ideas and guidance. This showed the provider worked to continually improve practice and provide people with care and support based on recognised good practice guidance.