Reed Specialist Recruitment Limited

Reed Specialist Recruitment Limited - Leeds

Inspection report

Toronto Square
Infirmary Street
Leeds
West Yorkshire
LS1 2HJ

Tel: 01133942940

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

A comprehensive inspection took place on 26 and 29 June 2018 and was announced. At the last inspection in February 2016, we found a breach of regulation which was related to the management of complaints.

The purpose of this inspection was to see if improvements had been made with the management of complaints and to review the quality of the service currently being provided for people. At this inspection we found the service had met the requirement notice regarding complaints. Although, we did find other concerns with the safe management if medicines and the recording of people's finances.

Reed Specialist Recruitment, known to people, their relatives and staff as 'Reed', is a recruitment agency based in Leeds who also operate a personal care service. The service provides home care, where they provide care and support to people in their own homes; and a community service where staff members provide support and personal care to people with learning difficulties in the community. Services are also provided to children and families. At the time of this inspection the service was supporting 13 people with a regulated activity and over 40 people in total.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children.

Not everyone using Reed Specialist Recruitment Limited – Leeds received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Medicines management was not always safe; medication administration records were not always accurate and staff had not always been assessed as competent.

People, relatives and staff all told us the management of the service was very good. They said the registered manager and office staff were approachable and responsive. We found there were systems to monitor and improve the quality of the service provided, although, these had not identified the concerns found at this inspection.

There was a procedure in place which enabled people to raise any concerns or complaints. Complaints were investigated and responded to in a timely way.

When necessary, staff involved relevant healthcare professionals or the emergency services to make sure

people's health care needs were met. People's individual dietary needs and preferences were planned for and met.

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. We found recruitment processes were robust. Staff had opportunities for on-going development and the registered manager ensured they received induction, supervision, annual appraisals and training. We noted some training had not been recorded to give a full overview of what staff had completed.

People and relatives we spoke with told us they were very happy with the service they received and staff were kind, caring and treated them with dignity and respect. We saw people had access to activities within the community. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

People's care and support plans contained information about what was important to the person. Staff were confident people received good care and said the care and support plans contained relevant information about the person. People and family members told us they felt safe with the care they received and we found there were procedures in place to report safeguarding incidents.

We found a breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Appropriate arrangements were not always in place for the safe handling of medicines.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

There were enough skilled and experienced staff to support people and meet their needs. Safe recruitment processes were in place and followed.

Is the service effective?

Good

The service was effective.

Staff received training and ongoing support, although some training records did not provide a full overview of what staff had completed.

At the time of our inspection the service was not supporting anyone who was unable to consent to decisions. The provider had policies and procedures in place for the Mental Capacity Act 2005.

People received appropriate assistance with meals and healthcare when required.

Is the service caring?

Good

The service was caring.

Feedback about the quality of care provided was positive and people were supported by regular care staff. Staff could develop meaningful relationships with the people they supported.

People were involved in the development of their care and support plan.

People, family members and staff told us privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People were provided with information about how to make a complaint and these were appropriately responded to.

The staff we spoke with told us they used the care and support plans as working documents and they contained sufficient information.

A programme of community activity was available to people.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to monitor and improve the quality of the service provided, although these did not identify the concerns found during this inspection.

People, families and staff were very positive about the registered manager and staff who worked in the office.

People and/or family members had opportunities to provide feedback about the service they received.

Reed Specialist Recruitment Limited - Leeds

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.

A comprehensive inspection took place on 26 and 29 June 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office. We needed to be sure they would be in. The inspection team consisted of one adult social care inspector. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch, the local authority safeguarding team and local authority commissioning and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with the two care co-ordinators, three members of staff, the registered manager, national development manager, two people who used the service and two people's relatives. We looked at three people's care and support plans. We inspected four staff members' recruitment records, and supervision, appraisal and training documents. We reviewed documents and records that related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

One person we spoke with said, "I always get my medications from the regular carers." Another person we spoke with said, "My medication is usually ok."

We looked at the arrangements in place to assist people to take their medicines safely and found this was not always robust.

The care co-ordinators we spoke with told us people's medication was dispensed from the pharmacist in a blister pack, which minimised the risks of errors being made. We saw from the care and support plans we looked at, a medication plan had been completed, which stated what the medicines were for and details of how these needed to be taken and when. However, the medication plans did not match the Medication Administration Records (MAR) we looked at.

One person's medication plan and MAR showed inconsistencies for medication that was not in the blister pack. For example, two medicines on the plan had not been recorded on the MAR.

Some MARs had been handwritten, but the recording of some of the entries were not complete. For example, one person's MAR dated 7 May 2018 stated 'Diprobase', no further information had been recorded, although the MAR had been signed on 14 May 2018 to say this had been administered. This meant the same medication had been recorded in different ways. We noted the handwritten MARs had not been signed by the staff member or countersigned by another staff member, which is good practice to make sure information has been transcribed accurately.

One person's MAR showed their blister pack box medication had not been signed as administered on 17 May 2018 at tea time and 18 May 2018 all day. There was no explanation recorded on the MAR of why this was. On the second day of our inspection we were shown a log entry which showed the person had received their medication.

One person's MAR stated 'Warfarin 5mg Sat & Sun only tea'. The MAR had been signed to say this medicine had been administered on three weekdays during May 2018. This meant this medication was potentially not administered as prescribed. On the second day of our inspection we were told the nurse states how much Warfarin to administer daily and this is recorded in a book at the person's home.

One person's medication regime stated 'Paracetamol in blister pack. We also noted the handwritten MAR also recorded 'Paracetamol PRN'. Some people had medicines to be taken 'as required', mainly for pain relief, which were also known as PRN medicines. This meant there was a risk the person could be administered a double amount of paracetamol when medication was being administered. We did note the MAR had not been signed which suggested the Paracetamol had not been administered twice. On the second day of our inspection this had been addressed.

One staff member told us, "I have had no-one oversee me doing medicines." Another staff member told us, "I

had medication training last year but not had a competency check for the person I support." We asked two of the care co-ordinators if staff responsible for the administration of medicines had received a medication competency check. They told us the staff had not. They added that medication training was via workbook and an on-line assessment. The national development manager showed us a medication administration observation/competence assessment form, although, they said these had not been completed for staff responsible for the administration of medicines.

Following the first day of our inspection a care co-ordinator told us they were going to address these concerns immediately. On the second day of our inspection we saw new processes and procedures had been put in place for the administration of medicines.

Although, there was no harm noted to people who used the service, we concluded the management of medicine was not safe. This was a breach of Regulation 12(2)(g), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Arrangements were in place for managing risk appropriately. A staff member told us, "Risk assessment are to minimise the risk and they are a good guideline." We looked at care and support plans and found risk assessments identified hazards that people might face. These included falls, medication errors, deterioration of mental health or of physical health and the car breaking down. There was guidance about what action staff needed to take to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with minimum necessary restrictions. The national development manager told us new risk assessment documentation was being tested so the form would be prepopulated, although, at present this was still been adapted. We saw lone working risk assessments were also in staff files we looked at. This meant risks were appropriately managed.

Financial transactions sheets were in place if staff spent money on behalf of people who used the service. We saw details of financial transactions were recorded on the transaction sheet, although, some entries were inaccurate or did not have receipt attached. For example, one person's financial transaction sheet stated, 'amount spent £5.09 on 25 April 2018', but there was no receipt attached. We saw another person's financial transaction sheet was not dated for the gas and electric bill, this recorded amount spent as £30 but receipt stated £20.00. Following our inspection, the national development manager told us a there was a second receipt for the electricity for £10.00 which combined totalled £30.00, making the entry correct on the financial transaction sheet.

The care co-ordinators and the registered manager confirmed they would address this immediately. On the second day of our inspection we saw new financial transactions sheets had been developed and a review of the financial records was in progress. The registered manager told us these were also going to be returned to the office at the beginning of each month and reviewed at the Wednesday's managers meeting for audit purposes.

People and family members, we spoke with told us they felt safe with the staff and the care provided. Comments included, "I feel safe", "[Name of person] is 100% safe" and "It is fine, [name of person] is safe."

Staff we spoke with said, "People are safe with the support and I have had safeguarding training" and "I believe they are safe." Staff had a thorough understanding of how to identify and respond to any suspected abuse or concerns they had about people's wellbeing. Staff said they were able to raise any concerns with the registered manager knowing they would be taken seriously. These safety measures meant the likelihood of abuse going unnoticed were reduced.

Staff had received training in safeguarding adults and we saw safeguarding and whistleblowing policies were available. The registered manager told us there had been no recent safeguarding alerts.

Safe recruitment procedures were in place to ensure staff were suitable to work in this type of role. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The staff files we looked at included an application form, interview notes and references.

There were sufficient numbers of staff available to keep people safe. Office staff we spoke with told us scheduled visits took place on time. If staff were going to be late for their scheduled visit, they would contact the office and they would let people know about the lateness and the reason for this. One staff member told us, "If a staff member is poorly, we usually have cover and we cover each other, as [name of person] has four staff members who work with him."

The provider had an effective system in place to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. The national development manager told us the staff rotas were organised so people had the same group of regular staff members. We saw people's visit times were recorded in their care and support plan and on the staff rota. One staff member said, "We have enough staff on the packages I work on, we are staffed quite well." Another staff member said, "Staff cover works really well and there is plenty of staff." A relative told us, "There are enough staff and we have the same ones at the moment." This demonstrated the registered manager only took on new work if they knew they had right staff available to meet people's needs.

We saw staff rotas and visit schedules were maintained on a live IT system. We were told by staff sufficient travel time was allowed between each visit and they had time to sit with people when needed. We were told the service had an effective out of hours on-call system for people, relatives and staff to contact in the event of an emergency.

People and family members said they were happy that staff wore gloves when preparing food and carrying out personal care. The provider had policies and procedures in place for hygiene and cross infection. Staff we spoke with told us they always had enough personal protective equipment with them, had received infection control training. This meant care staff had appropriate equipment to protect people from the risk of infections.

The registered manager told us they had learnt lessons through discussions with the office staff. This included the instigation of an activity tracker to record all communications and focussed mini meetings. The national development manager told us they had also learnt lessons recently following the rota management spreadsheet becoming corrupt and had implemented timely backups of the system.

Good

Is the service effective?

Our findings

When we asked the registered manager and the national development manager if they used any current legislation, standards or evidence-based guidance to achieve effective outcomes, they offered examples such as skills for care, skills for health, registered managers network and the central altering systems for equipment. They told us this information was shared with staff through supervisions, training and other opportunities to speak with staff and the providers newsletters. The providers PIR stated 'Reed is keenly aware of the changes to data protection legislation that will be introduced by the General Data Protection Regulations'. We found examples whereby people's care and support was delivered in line with legislation and evidence based guidance, included policies and procedures.

The providers PIR stated 'We are currently piloting online care plans, risk assessments and service reviews which can be completed in the customers home using a tablet' and 'At interview we ask workers to explain the meaning of prejudice and equal opportunities. At induction training the Human Rights Act 1998 is one of the key pieces of legislation discussed'.

Staff we spoke with told us they received annual refresher training which the provider considered essential. This included moving and handling, work in a person-centred way and basic life support. Staff also completed on-line training which included infection control, equality and diversity, safeguarding and health and safety. Staff told us they received training that equipped them to carry out their work effectively. Comments included, "I had safeguarding, MCA, health and safety and medications training in November 2017. I am trained well enough. I have also done specific training to help support someone with a health condition" and "They pride themselves that staff are fully trained. Staff know what they are doing." A family member told us, "Staff are very much so well trained. Nothing phases them."

Following our inspection, we received a copy of 'community care worker compliance requirements' record from the national development manager which stated, 'Where necessary, specialist training must be provided to a candidate.' They stated the internal audit clearly checks, monitors and records specialist training was conducted. They told us at the point of employment, staff external training certificates received were photocopied from the originals then signed and dated as original seen and verified.

Staff we spoke with told us they were well supported by other staff members, the office staff and the registered manager. They told us they had regular supervision, peer group meetings and an annual appraisal which gave them an opportunity to discuss their roles and options for development. Staff members said, "I had supervision May 2018 and I am encouraged to discuss concerns and any support and training I needed. My appraisal was last year" and "I have regular supervisions and they do spot checks. I also go to group peer meetings." Records confirmed staff had received regular supervision and observational checks several times during the year. The registered manager stated they had supervision a couple of months ago and felt supported by the senior management team.

The service had an induction programme that was completed by all new members of staff on

commencement of their employment. We were told by staff this included training, policies and procedure for the organisation and shadowing of other staff members. The providers PIR stated, 'The induction program will incorporate continuous assessment throughout'. This ensured staff had the skills and knowledge to effectively meet people's needs.

People, where appropriate, were assisted to maintain their nutritional and fluid intake. We saw information in people's care and support plans about their meals. Staff we spoke with had a good knowledge of people's dietary preferences. Comments included, "I completed health and nutrition training and this gave me greater knowledge about food and healthier eating. [Name of person] gets involved and he makes the choices and is learning towards healthier options." This meant people's individual dietary needs and preferences were planned for and met.

A person we spoke with said, "I get choice in what I would like to eat."

Staff members we spoke with were clear about the needs of people they were supporting. The registered manager explained how changes to people's care plans were communicated to care staff so people would always receive the right support. Staff told us the communication from the office team was via text, email or phone call and this worked well. Staff said they worked well as a team and were well supported by the registered manager and care co-ordinators.

People and family members, we spoke with told us health needs were met. Comments included, "Staff would call a doctor if I am not well. I go to regular appointments including the dentist" and "I am confident if [name of person] was unwell the correct steps wold be taken."

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service. Staff told us they would not hesitate to ring 999 contact a doctor, speak with relatives or seek advice from the registered manager. Staff said, "Depending on the circumstances I would ring a doctor or if more severe I would call an ambulance" and "If the person requires medical assistance then I would call 999 and inform the family." Care and support plans evidenced people attended regular medical appointments which included hospital visits. This showed us staff knew what action to take to make sure people's healthcare needs were met.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

At the time of our inspection the registered manager told us they were not supporting anyone who was unable to make decisions. We saw the provider had policies and procedures in place should this change.

Staff we spoke with told us they offered people choice and understood the importance of seeking people's consent. One staff member told us, "It is [name of person]'s time and they choose what they want to do." The registered manager told us they had sourced a new training provider for distance learning with supplementary training for MCA. We saw pictorial handouts that were available to both staff and people who

used the service for DoLS and MCA which explained about these topics and what and why they were used.

Good

Is the service caring?

Our findings

People and families, we spoke with told us they were happy with the care and support provided by the service. Comments included, "Staff are kind and they look after me well. I am happy with the care", "It is an excellent service. They have been a real rock for us. Reed show other agencies how to do it" and "It is a good service. Staff know [name of person] well and all the staff are nice and helpful."

Staff we spoke with told us people were well looked after. One staff member said, "People are well looked after and we work well together as a team." We found the registered manager, care co-ordinators and staff to be motivated and enthusiastic about making a difference to people's lives.

Staff rotas were organised so people who used the service had a regular staff member. People and family members confirmed they knew the staff members booked to visit them. They also told us staff generally turned up on time and supported the person for the agreed length of time. Comments included, "The regular carers do the hours they are supposed to do. They turn up and stay the length of time and usually tell me if they are going to be late" and "Staff turn up on time and stay the length of time. I am notified if the staff are going to be late." Staff we spoke with told us they would contact the office or the person if they were going to be late but this was very rare.

We looked at three care and support plans, they were generally easy to follow and provided care staff with information and direction to make sure people received the care and support they needed safely and in the way, they preferred. There was detailed information about people's preferred routine and their personal preferences, past life and experiences. We saw people who used the service had signed elements of their care and support plans which showed they had involvement in making decisions regarding their care and support. These included data protection consent forms, an agreement for personal, practical, emotional and social support, 'It is all about me' document and the medication plan.

We saw formal care reviews of people's care and support were held with the person and/or their family member six monthly or sooner if needed. People and families, we spoke with said, "I am involved with my care plan and have reviews" and "I have gone through the care plan and it is accurate."

People and family member's, we spoke with told us staff always respected their privacy and dignity. Comments included "[Name of person]'s dignity is respected" and "My dignity is respected." Staff we spoke with told us they respected people's privacy and dignity. They had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. People who used the service were informed about how staff would maintain personal dignity and respect in the providers 'Statement of Purpose.'

The provider's PIR stated, 'Both office staff and our staff team in the field have due regard and knowledge around protected characteristics and should actively promote equality of opportunity to ensure there is no unfavourable treatment' and 'Reed is a Stonewall Diversity Champion and are keen to work with others on any upcoming LGBT initiatives with our clients. Our steering group has recently reviewed our Diversity

statement and our policies re the use of unnecessary gendered language including bullying and harassment in the workplace, discrimination and family policy'.

The registered manager told us, if needed, they could translate care and support plans into different languages and other forms of communications. They said they had, 'Meet the community care team' and 'We can support you with many things' documents in a pictorial format.

Good

Is the service responsive?

Our findings

At the last inspection we rated this key question as requires improvement. We concluded, at the inspection on 16 and 18 February 2016, the provider had not taken appropriate steps to ensure complaints were managed appropriately. Detailed final outcomes had not been sent to the complainant following the investigation and the service could not evidence response timescales were being met. At this inspection we found the provider had made the required improvements and was now meeting the regulation.

The service had a complaints procedure that was detailed in the provider's 'Statement of Purpose', given to people when the service first started. People who used the service and family members said they felt very happy speaking to the registered manager if they had any concerns. Comments included, "Complaints have been managed well", "I have never had to make a complaint, but I think these would be handled appropriately" and "If I did complain, I would think it would be responded to appropriately."

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the registered manager. Comments included, "Complaints, I feel these are addressed appropriately" and "I would help people to write a complaint if they required the help. Complaints are appropriately dealt with."

We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints were recorded, together with the action taken to resolve them and the outcome. The registered manager told us people's complaints were fully investigated and resolved, where possible, to their satisfaction. This showed people's concerns were listened to, taken seriously and responded to promptly. The registered manager told us they were in the process of reviewing the recording of complaints as they felt this could be further improved.

We looked at three people's care and support plans and saw these demonstrated people's needs had been assessed prior to commencement of the service. We saw each care and support plan contained an activity tracker which included information of every day events, for example, if the person was unwell or any meetings that had been arranged. There were individual service agreements which included health conditions, risks, name of social worker, service description and service detail.

Clear instructions were recorded to help staff members assist with the required care and support. There was a brief overview sheet which included an overview of service, how many hours per week were required, what type of service was required, support hours each day, whether the person required a male or female support staff member and what should be done in an emergency.

There was a good level of person-centred information recorded within care and support plans. We saw 'It is all about me' documents provided specific information, for example, on the person's medical history, medications, communication, interests and hobbies and staying healthy.

We looked at one person's support plan outcome summary which had been signed by the person and showed information relating to where documents were kept, interests, beliefs, cultures, religion and life

choice. The summary also showed what was working well and what was not working well. This information was important to enable staff to deliver person centred care.

Staff we spoke with said "The care plans tell you enough. The plan in the person's home is the same as the one in the office. There is a six-monthly review and peer meeting twice a year", and "Care plans are definitely detailed and you can get to know the person from them."

The registered manager and staff spoke about the importance of people maintaining links with their communities and we saw they had developed links with local community groups to reduce the risk of social isolation. One staff member said, "I ask people what activity they would like to do." A family member told us, "[Name of person] calls the shots and staff do what [name of person] likes."

The registered manager told us, currently, the service did not provide care and support for people whose primary need was end of life care.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services.

Care and support plans recorded how people wished to communicate. The registered manager told us they would, from now on, document information and what format people and their families/advocates wished to communicate.

The providers PIR stated 'We have found tablets useful in helping open up more lines of communication for our non-verbal customers including making use of visuals making our service more responsive to those with disabilities and those who are non-verbal'. A care co-ordinator told us they could use the tablets to review care plan with the person, if needed.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and family members were very positive about the management of the service and complimentary about the service provided. Comments included, "Office staff are helpful and the manager is good" and "I have nothing negative to say. It is well-run, very much so, it is a tight ship. They are a nice easy bunch and will help. They are accommodating in every single way they can."

Staff spoke positively about the office staff and the registered manager. They said they were very approachable, helpful and supportive. They said they received regular support and advice from them via phone calls, face to face, individually and at team meetings. One staff member said, "Office staff very helpful and I feel supported in the role. It is a well-run company." Another staff member told us, "It is a good company to work for. Management are good and very approachable."

The provider had clear visions and values which had been shared with the whole staff team which included, 'we are fair, open and honest', 'we take ownership' and 'we work together'.

The care co-ordinators told us they carried out spot checks on staff working with people, which included understanding of the current service, understanding of role, documentation, health and safety, managing incidents, issues, and overall performance. This meant in the future staff's conduct in the field would be appropriately monitored. The registered manager carried out a quarterly self-assessment in April 2018 which was in-line with CQC's key lines of enquiry and rating system. The self-assessment looked at areas such as care plans, risk assessments, supervisions, MARs, service reviews, training and rota management. They had recorded they were 'good' in all five domains of safe, effective, caring, responsive and well-led.

A provider audit had been carried out in March 2018 and looked at staff files, training, supervision and appraisal, recruitment, care and support plans, medication records, financial transactions and the complaints procedure. However, we noted some areas on the audit required further work and the action plan had not been completed to make sure these were achieved. Both quality audits had not identified the concerns found during this inspection.

The registered manager told us, following day one of our inspection, they had arranged for people's MARs, log books and finance sheets to be collected and these would now be reviewed each month. This meant any changes required or identified errors could be addressed more promptly. An action plan had been developed to address the concerns we found on day one of the inspection.

We asked the registered manager what the key achievements had been since our last inspection. They said, "Succession planning and empowerment for staff to take on the management role." We asked what the key challenges had been and they told us, "Technology is the biggest challenge, making quicker moves towards efficiency."

The registered manager told us any accidents and incidents were monitored by the management team to ensure any trends were identified and acted upon. They said no accidents or incidents had been reported.

The registered manager and care co-ordinators monitored the quality of the service by regularly speaking with people and/or their family members to ensure they were happy with the service they received. We were shown the 2017 'Reed Community Care' report which commented on complaints, feedback, audit and inspection and improvements. People and their families told us the registered manager and office staff were very approachable and spoke with them regularly.

The registered manager and the whole staff team worked in partnership with health and social care professionals to ensure people had the benefit of specialist advice and support. These included doctors. The registered manager told us they worked in partnership with several organisations to support care provision, community engagement activities and sponsorships. These included Purple Patch art and Leeds City Council. They said, "This enables us to be more transparent with people, health professionals and the local authority."

The providers PIR stated 'Reed subscribe to Skills for Care, Guardian Social Care and Community Care social media forums. We have attended networking events in the local community and take an active part in local Learning Disability Week events'.

There is a requirement for the provider to display the rating of their most recent inspection. We saw this was both displayed in the entrance to the service and on the provider's website. Notifications had been sent to the Care Quality Commission by the service as required by legislation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have robust systems in place to manage medicines safely.