

Reed Specialist Recruitment Limited

Reed Specialist Recruitment Ltd - Community Care - London

Inspection report

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Date of inspection visit:
19 September 2019
20 September 2019
23 September 2019
24 September 2019

Date of publication:
01 November 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Reed Specialist Recruitment Ltd – Community Care London is a domiciliary care agency providing personal support to eight people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported by staff who knew how to identify the risk of abuse and how to report it.

Risks people face were minimised as the service completed assessments to protect people in their home and while in the community.

Staff were recruited safely to the service and there were enough staff to support people.

The risk of infection was minimised as staff were provided with personal protective equipment.

The service recorded accidents and incidents and staff said they had meetings to share best practice and learning experiences when things had gone wrong.

Relatives told us staff were knowledgeable and looked after their family member well.

Staff received regular training and support and specialist training where they worked with people with additional health needs.

Relatives told us staff were kind and compassionate and respected their family member's privacy and dignity and maintained confidentiality.

People's care plans were personalised and relatives told us they were involved in the preparation of the care plan.

Relatives were happy with the management of the service and the quality of communication they received from the service.

The service had effective quality assurance systems to monitor the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

- This service was registered with us on 19 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted a social worker for feedback.

During the inspection

We spoke with five members of staff including the business manager, head of compliance and audit, internal audit manager, national development manager and one care worker.

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

After the inspection

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service was previously registered at a different address and this is their first inspection at the new location. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who protected them from the risks of abuse.
- There had been no safeguarding concerns reported to the service and therefore no alerts had been sent to the CQC.
- Staff could explain their safeguarding responsibilities and the importance to report any concern or allegation of abuse to the service.
- Staff knew how to blow the whistle in the event their concerns were not being responded to by management or where they observed poor practice.
- A member of staff said, "No, I can't accept abuse, if [registered manager] doesn't do anything you look at the hierarchy of care. You can report to CQC, head of office and social worker".

Assessing risk, safety monitoring and management

- Risk assessments provided clear directions on how to reduce risk and keep people safe.
- Risk was assessed jointly with the person using the service, appropriate health professionals and the registered manager, to ensure assessments were thorough. The registered manager said, "I like to get the professionals involved."
- The service assessed a number of different risks for people such as; swallowing, moving and handling, communication, mental and emotional wellbeing, physical health, medicine, finance, housing, relationships, transport and meaningful activities.
- Staff told us risk assessments were clear and meant they could keep people safe in their home and in the community.

Staffing and recruitment

- People were supported by staff who had been recruited to the service safely.
- Staff told us they had followed the recruitment process and were interviewed by the management of the service and provided the required documents before they started work.
- Records confirmed the service completed pre-employment checks to ensure the suitability of staff before they worked with vulnerable people. These included obtaining references, a criminal record check from the disclosure and barring service and a full employment history with explanations provided for gaps in employment.
- All the relatives told us there were enough staff to provide support to their family member and they were happy with quality of staff who visited.
- A relative said, "We've got a good team now [Registered manager] worked with us a lot."

Using medicines safely

- People were supported to receive their medicines in a safe way.
- Staff had been trained in the safe administration of medicines and had their competency checked regularly by the registered manager.
- Medicines were audited every four weeks by the registered manager, records confirmed this. Where errors had been identified staff were supported to attend additional training before being able to administer medicines again.

Preventing and controlling infection

- People using the service were protected from the risk of infection.
- Staff received training in infection control and were provided with personal protective equipment such as gloves and aprons, to minimise the risk of the spread of infection.
- A Relative told us staff supported their family member to maintain their cleanliness and staff tidied the areas where they had worked.

Learning lessons when things go wrong

- Accidents and incidents were logged by the service and reviewed by the management team.
- The registered manager told us meetings would be held with staff to discuss what had gone wrong and to arrange training where appropriate to better support the member of staff with their role, for example where a medicine error had occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The service was previously registered at a different address and this is their first inspection at the new location. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an initial assessment of their needs before care was provided.
- People's relatives confirmed they were involved in discussions when the care package was being prepared to ensure it met their choices and enabled them to receive good care.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training for their role.
- Staff told us they received a good induction to the service which provided them with the skills to help people in the community.
- Records confirmed staff received regular training in areas such as medicines, safeguarding adults, infection control, health and safety and extra specialist training such as epilepsy awareness and diabetes.
- Staff received regular supervision from the registered manager and they told us they could speak to them when they had questions about their role or needed extra support.
- Relatives gave positive feedback about the quality of the staff and their knowledge in looking after their family member.

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

- The registered manager told us they worked with a number of health professionals to ensure people received the care needed. These included; occupational therapists, a clinical lead, GP, the local authority learning disabilities team, a clinical psychologist, a diabetic nurse, and pharmacists.
- Staff were proactive and, where they identified people's health had deteriorated, they would contact the office. Where people needed to see their local GP, staff would arrange for health appointments to be made so people could access support promptly.
- Records contained communication with health professionals and proposed treatment for people which confirmed the service was involved in seeking positive outcomes for people in relation to their health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff understood people should be able to make their own decisions as much as possible.
- Staff gave examples of supporting people to choose what they wanted to eat and drink and where it may have been unhealthy they explained this to people but understood it was the person's choice.
- Consent to care and treatment was obtained before care was given. Where people could not provide consent the service sought advice from the next of kin and held best interest meetings to make sure people could receive appropriate care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service was previously registered at a different address and this is their first inspection at the new location. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were looked after by kind and caring staff.
- A member of staff said, "I'm here to work for them [people using the service], I just want them to be happy." Another member of staff said, "It's someone's life, this job is so important, if they get something good out of a session that's great."
- Relatives spoke positively of staff and told us staff were nice to their family members.
- A relative said, "They [staff] are like a second family." Another relative said, "Yes they [staff] are very kind, they have years of experience."
- Staff did not discriminate against people using the service and had received training in equality and diversity.
- Staff demonstrated they respected people's individual needs and how they supported people from different cultures and backgrounds. For example, staff supported people to attend their chosen place of worship.
- Where someone may identify as lesbian, gay, bisexual or transgender staff showed there was no discrimination. A member of staff said, "100 per cent I support, they are human beings and they need it. Doesn't matter gay or different gender, I need to support them." Another member of staff said, "It's important I make people feel safe and comfortable in my care."

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

- People were supported by staff who told them what would be happening during each stage of their care, this kept them involved and able to say or show with body language if they were happy with their care.
- A member of staff said, "To make [person] feel comfortable we tell them what we will do all the time."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected.
- Relatives told us staff would close bedroom and bathroom doors while their family member received personal care. Staff confirmed they did this.
- Staff promoted independence wherever they could to encourage people to maintain or develop skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

The service was previously registered at a different address and this is their first inspection at the new location. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were tailored to meet their individual needs.
- People's preferences were respected and documented in their care plan.
- Staff told us the care plans were good as they told them exactly what type of support to provide to people and the method in which to do it.
- Staff told us they reported observations and changes in people's health to the office so this could prompt a review of care.
- Records and family member's confirmed care was reviewed regularly. The registered manager said, "I like to go out to review the care. Some are updated more frequently than others, if it's medicines I like to do it as soon as it happens." This meant people were able to receive care that was meeting their needs.
- The service provided people with a list of preferred staff who worked with them regularly. This supported people to have continuity of care and to build good relationships with staff. A relative said, "We have a good team [of staff] in place now, [registered manager] worked closely with us to get this team together."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The business manager advised they could produce documents in an accessible format if people requested this.
- Care plans contained people's individual communication needs and explained the different methods people used to express themselves. For example, some people led staff to where they needed support and some people used objects to indicate what they wanted to do.
- Staff gave examples of how they understood people who were non-verbal. A member of staff said, "Some [people who use the service] can't talk but they can show with body language so, we can see they like or don't like something."
- The service documented a high level of detail in people's care plans in relation to communication needs and where people had identified that they wanted certain equipment to be called another name this was respected to avoid causing offence to the person.

Improving care quality in response to complaints or concerns

- The service had a robust complaints policy and procedure.
- Complaints received were analysed by the service and responded to effectively.
- Staff knew how to support people to make a complaint if they needed to and relatives told us their complaints were taken seriously and responded to.

End of life care and support

- People's wishes for end of life care were respected.
- At the time of the inspection the service was not supporting anyone with end of life care.
- Where people had expressed what they wished to happen at the end of their life with family involvement this had been clearly documented in the care plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was previously registered at a different address and this is their first inspection at the new location. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People using the service were at the heart of the service. Staff expressed they were there to provide a caring service that met people's needs. A member of staff said, "We all work together so we can do the job right."
- Relatives spoke highly of the registered manager and other office managers. Relatives told us someone always called them back if they were unable to speak to someone straight away.
- Staff we spoke to told us their working environment was good. They also told us they were made to feel welcome when they visited the office and management were always open to speaking to them.
- A member of staff said, "[Registered manager] is very friendly and [coordinator] is so supportive." Another member of staff said, "The management is very good, they always have time to listen. I like the way they talk to me, if I call the office they always give me time to talk then help me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and had support from their manager to ensure notifications were sent to the appropriate health professionals and CQC where needed.

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

- During meetings and supervisions staff were reminded of what was expected of them. Staff told us they knew their job role and they wanted to perform well in their work.
- Feedback was requested from people and relatives so the provider could see where the service needed to improve.
- The branch had support from quality assurance managers to ensure they were providing the service people expected.
- Records confirmed a quarterly audit took place to check a sample of staff and care records and no issues had been identified. The registered manager performed spot checks with staff to observe their interactions with people, medicine administration practices, and to seek feedback from relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people, relatives and staff using a number of different communication methods. This included face to face meetings, surveys, individual and group supervision, telephone calls and emails. This meant people, relatives and staff could be involved in providing feedback about the service provided and were made aware of important changes to care.
- Feedback we received from a social worker who works with the service was positive. They told us the managers all worked extremely well with the local authority, provided comprehensive care, and managed risk well.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to improving the service.
- The national development manager explained their role in supporting the service to have policies and procedures in line with national guidance and the law. They also explained they shared best practice and supported the registered manager from this branch and other branches.
- Records showed the service had established links with the local authority and health professionals.
- The national development manager said of the registered manager, "He is very dedicated, he attends all the [required] forums."
- The registered manager confirmed they attended external engagement meetings related to adult social care to help understand any changes taking place in the sector and to share information with the service.