

Reed Specialist Recruitment Limited

Reed Specialist Recruitment Ltd - Community Care - Manchester

Inspection report

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12 March 2019
13 March 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- Reed Specialist Recruitment Ltd - Community Care - Manchester (known as Reed) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Reed provides a service to children and adults across Greater Manchester and Warrington.
- Not everyone using Reed receives 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 our inspection Reed was supporting 25 people in total, but only 12 of these people received a regulated activity. Our judgements are based on our findings relating to the 12 people in receipt of personal care support.

People's experience of using this service:

- People and their relatives were positive about the support provided by Reed. They said the staff knew people's needs well and knew how to maintain their privacy and dignity.
- Staff had the training and support to undertake their role. This included specific training, such as epilepsy training, to meet individual's needs.
- The support people required was assessed and reviewed regularly. Risks were identified and guidance provided for staff to manage these known risks.
- Care plans detailed the support to be provided by the members of Reed staff and what they were to do at each visit.
- Staff were trained in medicines administration. Care plans stated if staff or people's family were responsible for administering the medicines. Relatives said that people received their medicines as prescribed. One care plan we saw had not been updated to indicate that staff administered one medicine. The staff recorded when medicines had been administered.
- A quality assurance system was in place. Matrices were used to monitor care plan reviews, staff training and supervision, incidents and complaints.
- Incidents were monitored and reviewed to identify if there were any patterns and to reduce the risk of further incidents occurring.
- The national quality assurance manager completed quarterly audits and the Reed central quality department audited the service every six months. The results of these were seen to be positive. Action plans were written to address any issues that had been found.
- Staff said they enjoyed working at the service and felt well supported by the registered manager and care co-ordinators.
- Staff were safely recruited.
- There was a formal complaints policy in place. Any complaints received had been responded to appropriately.

Rating at last inspection: Good; report published 12 October 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Reed Specialist Recruitment Ltd - Community Care - Manchester

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Reed is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Reed provides a service to children and adults across Greater Manchester and Warrington.

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 24 hours' notice of the inspection visit because it is small and we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 12 March 2019 and ended on 13 March 2019. We visited the office location on 12 March 2019 to see the manager and office staff; and to review care records and policies and procedures. On 13 March we visited, with their permission, one person who used the service and one

relative. We also spoke with one member of staff.

What we did:

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as accidents or abuse. We reviewed the information the provider had sent us in their provider information return (PIR). The PIR gives some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted the local authority commissioning and safeguarding teams. No concerns were raised about the service provided by Reed.

We looked at a range of records, including four care plans and two medicines records. We also reviewed three staff recruitment files, training and quality assurance and other records in relation to the management of the service.

On the first day of our inspection we spoke with two relatives by telephone, a care coordinator, the registered manager and national quality assurance manager. Following the inspection, we spoke by telephone with three more members of staff. Therefore in total we captured the views of one person who received support, three relatives and four members of staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks a person may face had been identified and guidance provided for staff to manage these known risks.
- Risk assessments were reviewed annually, or as people's needs changed.
- Clear instructions for any moving and handling support were in place.
- An environmental assessment of the properties where the staff provided support was completed.

Using medicines safely

- Medicine care plans detailed who was responsible for administering medicines. Staff had completed medicines training, which included an observation of their competencies.
- However, for one person the care plan stated that staff applied topical creams but other medicines were administered by their family. The person's relative and staff we spoke with confirmed they administered one medicine each morning and we saw they signed the medicines administration record. The medicines care plan had not been updated to reflect this. The person's relative said that medicines were administered as prescribed and they had no concerns about the staff giving their relative their medication.
- Care plans we saw stated that parents would direct staff members if any 'as required' (PRN) medicines were needed. We discussed with the registered manager the need for PRN guidance for staff so they would be aware of the signs that a PRN medicine was required if the parents were not available or they were supporting an adult who was not able to verbally inform staff that the PRN was needed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives thought they were safe when being supported by Reed staff.
- Staff knew the procedures for reporting any concerns they had and had completed training in safeguarding vulnerable children and adults.
- Some people supported were known to the local authority safeguarding teams. Staff were briefed about the previous concerns and the signs they should look out for. Feedback was given to the local authority safeguarding teams.
- Any safeguarding concerns raised had been appropriately investigated.

Staffing and recruitment

- New staff continued to be safely recruited, with all pre-employment checks completed prior to staff working with people. Reed only recruited staff with at least six months previous experience of working in a care setting.
- Staff were allocated to work on certain packages of support. Staff were introduced to the person they would be supporting and their family, if relevant, and shadowed experienced staff so they could get to know the person and the support they needed.

- Rotas were produced a month in advance, which provided time for any vacant shifts to be covered. Staff said there were only a few shifts where staff cover could not be found. People and relatives agreed, although one relative told us that two or three times a month there was only one staff on a shift when there should be two. This meant the relative had to assist the member of staff with moving and handling.
- Any missed support shifts were reported and analysed to identify any patterns. The registered manager said that some families wanted a small staff group supporting their relative, which did cause some issues if one of the staff members left or was ill, until additional staff could be introduced to the package.
- One relative said, "[Name] can get anxious so staff need a few shadow shifts so they can get used to any new staff. If there's not time to introduce new staff we won't accept them. If they (Reed) know staff are leaving they will introduce new staff in good time."

Preventing and controlling infection

- Staff had access to personal protective equipment, for example gloves and aprons where required.

Learning lessons when things go wrong

- All incident and accident reports were reviewed by the registered manager and added to a computer based matrix. Trends were analysed to look for any patterns and steps taken to reduce the risk of any further occurrences.
- Antecedent, behaviour, consequence (ABC) forms were used to record any behaviours that may challenge members of staff. These recorded what happened before the incident, what the behaviour was and what happened after the incident. The ABC forms were reviewed by the registered manager to identify if any changes to people's support plans were required.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their roles.
- New staff completed a combination of e-learning and taught courses prior to being allocated to a support package.
- Staff were introduced to the people they would be supporting and their families and shadowed experienced staff before starting on the rota.
- Any specific training to meet people's identified needs, for example epilepsy or PEG (percutaneous endoscopic gastrostomy) tube feeding, was completed prior to a care package starting.
- Supervisions and spot checks to observe support worker's practice were regularly completed by the registered manager and care co-ordinators.
- Staff said they felt well supported by the management team. A member of staff said, "I feel well supported, we're always having conference calls and meetings and I see them (registered manager and care co-ordinators) when I do the training so can speak to them then as well."

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

- Prior to people being supported by Reed an assessment of their needs and the support they wanted, including the frequency and times of the support visits, was completed. One person told us, "I said when I wanted their (Reed) support. I have three longer shifts so I can go out for activities."
- People, their families and other professionals, as appropriate, were involved in the assessment process.
- A Reed nurse assessor would also be part of the assessment if the person had any clinical needs.

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

- Care plans noted if people needed support with their meals, snacks or drinks.
- The care plans gave guidance to meet people's dietary needs, for example if they needed thickened fluids or the consistency of their food.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and care co-ordinators attended multi-disciplinary meetings with other agencies to review and agree people's care needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health. Where staff were supporting children, they liaised with their parents if they had any concerns about the child's health.
- One person told us, "They (the staff) know the signs that my health is not so good and they know what to

do if that happens."

- Relatives also said that the staff would let them know if their relative was unwell. One relative said, "Staff know [name] really well and can tell if she's off colour."

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Local authority social service departments had, where needed, completed best interest decisions with people's families about the care and support a person required prior to Reed being contracted to provide any support.
- Care plans noted where people could make their own decisions. Where the support provided was for a child, care plans noted that the person should be involved in decisions as much as possible, but their parents had the responsibility to make decisions on their behalf as they were under 18 years old.

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

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

- The person we spoke with and people's relatives were all complimentary about the Reed staff.
- A relative said, "The staff are amazing. The care for [name], their patience with her. It's the little things that make the difference like helping her with her homework. They do things that they don't have to do, but they do them."
- Another relative told us, "The staff allow me to have time with the rest of my family. They will ask what I want and they will chat with all the family including my other kids."
- Staff knew people's support needs well. Care plans included information about people's interests, hobbies and what was important to them.
- Any cultural needs were recorded in the care plans and staff were reminded to be respectful of a family's religious beliefs when they visited the family home.

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

- People and their relatives were involved in agreeing their care plans, the support they wanted and the times of any support visits.
- People's methods of communication were recorded in their care plans. This included what any facial expressions or noises may indicate where people were non-verbal.
- Relatives said there was good communication between them and the Reed office staff with regard to any changes in staffing or people's needs.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to explain how they maintained people's privacy and dignity when providing support. Relatives we spoke with agreed the staff did this. One relative said, "Yes, they (the staff) respect [name's] privacy. [Name] can refuse get up, the staff talk to her and encourage her. They always knock on [name's] door, make sure the doors are closed and she is covered when she goes to the bathroom."
- Care plans included details of any tasks the person could assist with or do for themselves. Staff explained how they encouraged people to be involved in their own care wherever possible to maintain their own independence.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were in place detailing the support each person required. They also clearly documented what support the staff were responsible for providing and what support would be completed by people's parents.
- The support required and tasks to be completed for each visit were recorded.
- Care plans were reviewed annually or when changes were identified in people's needs or if the person asked for a change in their support.
- Changes in people's care plans were communicated to staff via email and phone calls.
- People and their relatives were involved in planning and agreeing the support plans. One relative said, "We review [name's] needs with [registered manager]. She (the registered manager) will also ring to check that everything is okay."
- Where people were supported to take part in activities, for example accessing the local community, this was indicated within the care plans, including guidance on the support people required when they were participating in the activity.
- Relatives told us that the staff were happy to complete other tasks and would ask if there was anything else the family wanted them to do.
- The times of the staff visits could be changed, for example during school holidays when people did not have to get up as early. Relatives said that the agency was responsive to these requests.
- Reed could produce information in an easy read or large print format if required. An interpreter had been used for reviews for one person previously supported by Reed whose first language was not English.

Improving care quality in response to complaints or concerns

- Reed had a formal complaints procedure. All complaints were recorded along with the outcomes of the complaint following an investigation.
- All complaints were monitored through a computer spreadsheet. They were reviewed by the registered and quality managers to identify any patterns.
- Relatives said that they would phone the office if they had any issues and the service responded to their concerns.

End of life care and support

- Reed was not supporting anyone who was at the end of their life at the time of this inspection.
- We were advised that Reed had supported people at the end of their life previously. They were involved as part of a multi-disciplinary team, including community health professionals, to provide the support the person needed.

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

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

- Tracker matrices were used to monitor the service, for example care plan reviews, staff supervisions, spot checks and staff training.
- The registered manager reviewed the log books for each person using the service and all medicines administration records when they were returned to the office.
- The quality assurance manager reviewed the registered manager quarterly self-assessment audits. These looked at a sample of care plans and staff records.
- The Reed central quality team also audited the service every six months. An action plan was written following each audit to address any issues found. The service had scored very highly in the last two audits from April and November 2018.
- The registered manager and quality assurance manager wrote an annual review of the service, which included the audit results, testimonials from people using the service or their relatives and an overview of incidents and complaints.

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

- All the staff said the registered manager and care co-ordinators were available to be contacted if they had any concerns. Reed had an on-call system so that staff could contact support outside of office hours.
- A staff survey had been published on line at the beginning of March 2019. Five staff had already responded. The final results would be analysed and published by the registered and quality assurance managers.
- Surveys were also planned for people who used the service, their relatives and other professionals involved in people's support.
- People and relatives were also positive about the registered manager and said they were approachable and would address any queries or concerns they raised.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff said they enjoyed working for Reed and felt well supported by the registered manager and care co-ordinators.
- The registered and quality assurance managers were aware of the types of incidents that needed to be notified to the CQC.

- Complaints were investigated and responded to in an open manner.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended multi-disciplinary team meetings when required. The registered manager explained, "This is usually about issues outside of our support, but I need to be aware of any issues so the staff know what to look out for."
- Matrices and audits were used by the service to identify any issues and promote ongoing development and learning within the service.
- The registered manager had an annual meeting and quarterly conference telephone calls with the other registered managers in Reed Community Care to share best practice.