Special People North Limited

Special People North

Inspection report

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Date of inspection visit:
21 January 2016

Date of publication:
01 April 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was announced and took place on the 21 January 2016.

The service was previously inspected in January 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

The office for Special People North is located in Alderley Edge. Special People North mainly support people who are receiving direct payments to recruit personal assistants, they also support people to manage their care needs and deal with any problems that may arise. The agency is registered to provide personal care to adults and children. At the time our inspection Special People North were providing personal care to 9 people.

At the time of the inspection there was a registered manager at Special People North. 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.

During this inspection we found breaches of the Care Quality Commission (Registration) Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take as the back of the full version of the report.

We found that people's care needs were not appropriately assessed and planned for therefore individual risk factors had not been fully considered, placing people at risk of avoidable harm. Care records kept at people's homes were incomplete and had not been regularly reviewed.

The service lacked governance systems to assess, monitor and improve the quality of the service. For example, effective systems to seek feedback of the experience of service users not in place and auditing systems were not robust.

The provider had a complaints policy and procedure in place but we saw complaints were not fully investigated and not recorded in the complaints log. The Commission had also not been notified of a safeguarding concern.

The provider did not have an effective recruitment and selection procedure in place and did not carry out relevant checks when they employed staff.

We looked at records relating to personal care the service was providing and found that information kept at the registered location was disorganised and not well managed.

Staff did not receive an effective induction, although staff had recently been enrolled to undertake the care certificate we found many gaps in training and a lack of supervision. Staff and registered manager had not received training on the Mental Capacity Act 2005 and lacked awareness of this protective legislation.

We found insufficient evidence of staff training in medicines administration. The registered manager informed us they did not support anyone with administration of medicines. However, upon speaking to one member of staff they informed us that on occasions they had 'provided when needed' (PRN) medication. This member of staff confirmed they had not received medication training and did not record this on a PRN chart.

People told us they felt safe when the personal assistants were in their homes and that they were treated with kindness and compassion.

Staff we spoke to were able to tell us about ways in which they protected people's privacy and dignity whilst undertaking personal care tasks. We spoke with people who used the service and their relatives about their experience and they confirmed that care workers were respectful of this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Staff were not provided with appropriate training to give medicines safely.

Recruitment systems were not robust to ensure the safety of people using the service.

People's care plans to mitigate assessed risks were not always updated.

Is the service effective?

Requires Improvement

The service was not effective.

Supervision and appraisals for staff were not undertaken frequently and staff were not well supported in their work performance.

Staff were not adequately trained or supported to deliver effective care. We identified significant and widespread shortfalls in respect of staff learning and development.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected.

People were supported to make choices about their care and staff respected
people's preferences.

We saw that staff interacted with people in a kind and caring way.

Is the service responsive?

Requires Improvement

The service was not responsive.

Complaints were not responded to appropriately in line with the provider's complaint policy.

People's needs were not always met in line with their individual care plans and assessed needs.

People's care plans were not updated when they had experienced a change in circumstances.

Is the service well-led?

Requires Improvement

The service was not well led.

The provider did not have a quality assurance system in place so no checks
were made on the safety or quality of the service.

The provider did not seek feedback on a regular basis from people using the service, relatives or staff.

People were put at risk because systems for monitoring quality and safety
were not robust and ineffective.

Special People North

Detailed findings

Background to this inspection

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

The inspection took place on 21 January 2016 and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about Special People North. We also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We invited the local authority to provide us with any information they held about Special People North. We took any information provided to us into account.

During the inspection we spoke with the registered manager / director of Special People North. We encouraged people using the service to communicate with us using their preferred methods of communication and attempted to speak with all people using the service or their relatives. We undertook two home visits by invitation to people receiving a service from Special People North. After the inspection we spoke by phone with two relatives and one person who received the service. We also attempted to speak with fourteen staff (personal assistants) at Special People North, however only eight staff were available to speak to us.

We looked at a range of records including three care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included: policies and procedures; four staff files; complaint and safeguarding logs; rotas

and / or visit schedules; staff training and audit documentation.

Inadequate

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided by Special People North to be safe. We received a mixed response. One person said, "Sometimes I have had to provide the support to my daughter because the service sometimes struggles to get the extra member of staff that's needed." Another person said, "It's been frustrating lately because the service has struggled to recruit suitable staff. I don't know if the service can accommodate my child's needs and the last thing I want is to be left without care."

Other people spoken with said that they felt safe and some people qualified this. For example, "I am happy with the staff, I can't fault them. We know the staff team very well and the service has been faultless"; "I feel they keep my son safe and respect his wishes" and "You won't find any better services like Special People North. They are excellent."

We looked at the files of three people who were using the service provided by Special People North. Care records for people were kept in two locations. At the registered location we saw files with basic details of daily care provided and risk assessments. These files contained loose contact sheets of undated information relating to the daily care needs of the person. We found that information was vague and frequently not filed in any meaningful order. A duplicate copy of the care plans were kept at people's homes. We viewed the care files at two people's homes we visited and found they stored the same information that as at the office. The care records were not regularly updated to reflect the changes in people's needs. This made it difficult to quickly identify the person's current needs and how the service had planned to meet these.

We found that risks to people's safety had not been properly assessed or documented. For example, in one person's file we saw a risk assessment tool for mobility had been developed by Special People North. The document outlined the 'hazards, who is at risk, and controls in place'. This person was scored a grade 'C' in regards to their mobility. The assessment score of 'C' indicated that the person was at 'high risk' of falls. There was no assessment carried out by the registered manager and no moving and handling or guidance for staff as to how to support the person to ensure they remained safe. We pathway tracked this person and visited them on our inspection. We found that this person required 2:1 staffing support with their mobility after sustaining a fall at home. A robust moving and handling guidance was not developed for staff to follow. The staff members working with this person informed the inspection team that they had been trained by the physiotherapist when this person went for weekly rehabilitation treatment in regards to this person's moving and handling. We found no evidence of guidance produced by the physiotherapy team while on our visit and speaking to this person's relative.

Systems were in place to record any accidents and incidents that occurred within the service. We discussed the benefit of developing a log to help maintain an overview of incidents and actions to minimise / control potential risks. Two accidents and incidents were recorded for 2015. We noted that one incident was regarding a member of staff who sustained a back injury, due to a person they were supporting falling and the member of staff trying to stop the fall. This was the same person that we found had insufficient current guidance to instruct staff in how to safely move them. This meant that even though one staff member had

sustained an injury the provider had not taken all reasonable steps to ensure that future risks were minimised.

Other people's care records contained minimal risk assessments consisting of environmental risk assessments of their homes and a moving and positioning assessment. For example one record stated, 'dietary needs'[normal] and 'sight' [possible issue, unconfirmed]. We found that the information recorded was basic and did not provide useful information for the staff to follow.

One member of staff we spoke to said, "To be honest with you I haven't looked at the care plan. I tend to just ask the family of the person receiving the support what is required."

This was a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have effective systems in place for mitigating risk and good practice guidance.

The provider had a medication policy, which we found was not dated. This policy set out how medicines were to be safely managed and administered. We viewed an example medication administering record (MAR) that the provider had developed. We found the MAR record did not allow space to record the balance brought forward of the medicines received. This detail could result in the balance of medicines not being recorded and counted correctly. The registered manager informed the inspection team at the time of the inspection that Special People North was not administering medicines to the people who use the service.

However, one member of staff that we spoke to informed us that on occasions they had administered medicines in the form of 'provide when needed' (PRN) medication. This member of staff confirmed they had not been on medication training and was unaware that they needed to record PRN medication. Another member of staff said, "On some occasions we will administer the person's medicines if their partner or relative is out."

We looked at the medication training matrix and found many gaps in mandatory training for staff at Special People North. The registered manager also informed the inspection team that they did not have a system in place to monitor the competency levels of staff administering medicines.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have effective systems in place for the safe management of medicines.

Personal Protective Equipment (PPE) was stored in the office and staff collected it from there. We saw that staff working in areas could collect stocks to distribute to colleagues. One member of staff told us, "We always have enough PPE to carry out our tasks." The provider had also developed a policy entitled 'Health and Safety Policy'. This policy included guidance for staff to the follow on infection control procedures.

At the time of our inspection the service was providing personal care to 9 people. The provider received a set number of commissioned hours from the local authority to provide a range of care packages to people using the service.

We received a breakdown of the support hours for each person and viewed staffing rotas for the service. We noted that the provider was deploying staff resources in accordance with the needs of people using the service. However the service could not fulfil two people's care packages that we observed on our inspection.

We found that one person's care package required 2:1 staffing seven days a week. We looked at this person's rota and noted many gaps where staff could not be provided. This person's relative informed the inspection team that they would often need to cover the staff shortfalls themselves when the service could not provide the staff. Another person we spoke to informed the inspection team that the service struggled to recruit staff to fulfil her daughter's needs and were unable to provide the support on the days she required which has resulted in this person having to change their work commitments. We found the service did not have adequate staffing resources available to meet the needs of people who were using the service.

This was a breach Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.The registered provider did not have sufficient numbers of staff in place to meet the needs of the people using the service.

We looked at recruitment processes and found the service had recruitment policies and procedures in place. We looked at the recruitment records of four members of staff. Records viewed showed that Disclosure and Barring Service (DBS) checks had been undertaken before staff began work. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We found that the service did not have effective recruitment systems in place. Proof of identity was on each file together with a record of answers given at interview. We found that three members of staff had commenced employment before their references had been received and checked. For example, one person started working with Special people North on 15/07/2015 and the service obtained only one reference dated 21/10/2015. Another person's start date was 26/11/2015 and two references were obtained on 7/12/15 and 11/12/15. The four recruitment files we looked at didn't explore any gaps in employment that prospective employees had. People could not therefore be assured that they were protected from the risks associated with the recruitment of new staff.

This was a breach of regulation 19 (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The registered provider had not ensured that recruitment procedures were established and operated effectively.

The registered provider had developed internal policies and procedures to provide guidance to staff on the 'Safeguarding Adults and Children' and 'Whistle blowing'. A copy of the local authority's adult protection procedure was also available for reference at the agency's office. The registered manager told us that staff could access the service's policies and procedures via the internet. All staff were given a username and password to access this.

We asked the staff how they accessed the policies and procedures. Feedback included: "I have a log in for the service and I have read the policies"; "I'm not sure to be honest. I haven't been given this information yet" and "I know the policies are online but I haven't found time to access them."

The Care Quality Commission (CQC) had received no whistleblowing concerns since the last inspection in June 2014. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. We spoke to staff about the principles of the whistleblowing policy and it was clear they had a good understanding of the policy and who they would notify if they had concerns.

Discussion with the registered manager and staff, together with a review of training records confirmed staff had not completed 'Safeguarding vulnerable adults and / or children' training.

In discussion with staff they were able to describe how they would report concerns. However, they were not

clear of the process beyond that point because they had not received training in safeguarding adults. For example, one member of staff said they would investigate the safeguarding matter to ensure the person was safe and then inform the manager. This meant the provider had not ensured that its safeguarding procedures were understood by staff.

This was a breach of regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The registered provider had not ensured that safeguarding procedures were established and operated effectively.

Requires Improvement

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided by Special People North to be effective.

We received mixed feedback from people we spoke with.. For example, comments received included: "This service understands my needs and how I want my care to be delivered" and "I cannot fault this service. The staff are excellent and understand what is needed."

Conversely, other people we spoke to said: "You cannot fault the staff already employed, but my worry is there aren't enough staff working for the service to meet people's needs" and "I find the staff they recruit sometimes do not have the skills or experience to provide the care my child needs., I will often turn personal assistants away because they don't have the required skills."

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.

We checked whether the Special People North service was working within the principles of the MCA. We noted that the provider had developed corporate policies and procedures to provide guidance for staff on the MCA; Deprivation of Liberty Safeguards (DoLS); adult safeguarding and the independent mental capacity advocate and best interest decision making.

During discussions with staff they told us they always asked for people's consent before providing support. For example, one staff member reported; "I always ask the person for their consent before I carry out their personal care". However, another staff member said; "I am not aware of the MCA. I am hoping the care certificate will cover this. The family tend to deal with the MCA stuff. We are not privy to this information."

People could not be assured that staff understood their role in acting in accordance with the Mental Capacity Act 2005 (MCA 2005) or that their rights to have choice and control over their day to day life, care and support. We noted that the management and staff did not have access to training in the Mental Capacity Act and did not have a good understanding of this protective legislation. The registered manager did not maintain a record of people who may lack capacity; however the registered manager was confident that decisions were not being made on people's behalf without their consent. After the inspection the registered manager informed the inspection team that none of the people using the service required a MCA assessment at that time of our inspection.

Staff received a 'Support Workers Handbook' when they started employment with Special People North. The registered manager confirmed the service had recently enrolled new and current staff on the care certificate induction. Staff are required to complete the 15 standards and demonstrate certain practical competencies. We spoke with three of the staff completing the care certificate. Staff told us: "Yes I have started the booklet. The manager will e-mail me across different standards to complete and It can be difficult to find time to complete it to be honest with you"; "I haven't had time to start it but I know I need to do this." and "I have nearly completed it, but I did this in my own time."

Staff had not received essential training required to meet people's individual needs, such as: safeguarding, medication, infection control awareness and moving and handling. The provider's statement of purpose states: "Our staff are fully up to date with all necessary training materials and where possible exceeding statutory requirements." We found this was not the case.

Staff were not adequately trained or supported to deliver effective care. We identified significant and widespread shortfalls in respect of staff development and supervision. Staff we spoke with said:, "I haven't done much training with the service but thankfully I have done all my mandatory training with my previous employer"; "Training should be more accessible for staff., I have experienced supporting people with a wide range of needs so I know what I'm doing but additional training would be good." And "I haven't done any training so far, but the manager is aware I have completed all of the mandatory training with the other care job I do."

One member of staff described how they learnt the skills they needed 'on the job' and from previous experience working in care. However there were no plans or systems in place to ensure that staff received formal training in areas that would provide them with the skills and knowledge they needed to ensure that their practice reflected current good practice. Staff reported that they had not received formal training in core areas required to care for people safely including manual handling, infection control, first aid, medicines management and health and safety.

Staff supported people to maintain their nutritional wellbeing by assisting with shopping, food preparation and providing support to eat and drink where necessary. Care files we viewed showed that people had plans of care in place to inform staff of their nutritional needs where applicable.

Staff we spoke with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis. Systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

Good

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided by Special People North to be caring. Feedback received was positive and confirmed people were treated in a dignified and caring manner.

For example, comments received included: "The staff working with my son understand his needs and will pick up on his moods if he is feeling low" and "The service is caring. The staff treat you more like a friend rather than a task" and "Although we are having issues with the rota I cannot fault the work ethic of the staff."

One person told us that they had the same member of staff for over 18 months and stated "She is really lovely. We can rely on her and she never lets me down."

Relatives told us that they were happy with the staff and described how well they communicated with people. For example, one person asserted: "The staff can be tactile and are brilliant at picking up on my son's needs. They have certainly made a huge difference to his life."

Care plans included information about people's previous lives prior to using the service. We observed that regular staff knew people well and that people receiving care and staff spoke comfortably together about what was important to them. For example we observed people speaking openly with staff about their families.

People told us that they were treated with dignity and respect. We saw that staff closed the curtains when they provided personal care to help maintain people's dignity.

Staff demonstrated a good understanding of person centred values and were able to provide examples of how they promoted this in their day to day work such as: knocking on doors and waiting for permission before entering people's homes; speaking to people using their preferred name; asking people how they wished for care and support to be delivered before offering assistance and promoting independence and wellbeing.

During the inspection we visited two people who used the service. We observed staff speaking with people courteously and there was a good rapport. We observed staff communicating effectively and engaging with people using the service in a caring, patient and respectful manner. It was evident that many of the people using the service had built close working relationships with staff and were benefiting from their positive support.

Staff told us that they understood the importance of maintaining confidentiality and confirmed personal records were stored securely.

Requires Improvement

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided by Special People North to be responsive to their needs. Feedback received from people we spoke with varied from positive to negative.

For example, comments received included: "I have complained recently but I do not think this has been addressed"; "It can be difficult at times waiting for answers whether or not they have the right level of support for my child"; "The service will step in if I need any additional care"; "I am not an easy person to get on with but the staff at Special People North are the best. They stand out from the rest."

We sampled three care files (information kept within each service user's home) as part of the inspection. We found copies of documentation that had been developed by the provider within each file. Files we viewed were difficult to follow and contained various loose documents. Regular contact information from care managers (social workers or health care professionals) was also in place, however this information was difficult to obtain because the files were in no particular order. After obtaining permission by the person or their relative we viewed two care files of two people who used the service on our home visits. We found both files contained minimal information and lacked a clear record of what support the staff had provided to the person. Through discussion with staff they confirmed they did record the support they provided, however we found this was not done in any detail. Staff recorded information on the person's weekly timesheet of hours provided in a small box that would not allow room for sufficient information to be recorded. The service provides communications books for some of the people who receive a service from Special People North for further recording of staff visits and more detailed information; however we did not visit clients who used this method of recording information.

Files viewed contained assessments of need; care and support plans. However records did provide sufficient detail on how the person needed to be supported. We found with one particular person their needs had changed due to a serious fall, but we noted the risk assessments and care plan had not been reviewed and did not outline any new moving and handling guidance for staff to follow. Speaking to the staff they said they would tend to speak to the person or their relatives and ask them how they would like their care to be provided because the care plans in place had not been updated to meet the person's current needs.

The provider had not reviewed and assessed all the risks to the health and safety of the people using the service, or took any action to mitigate these risks. From the discussions we have had with staff and people who use the service has confirmed staff were following guidance from what the people requested rather than the care records that were in place.

This was a breach of Regulation 12 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider has not ensured that risk assessments relating to the health, safety and welfare of people using the service were appropriately updated to reflect their changing needs.

The registered provider had developed a corporate policy and procedure for complaints and compliments

and basic principles of the complaints and compliments policy document. Information on the complaints procedure had also been included in the agency's 'Statement of Purpose'.

The registered manager reported that an easy read document entitled 'Unhappy' notice had been given to each person using the service or their representative. We viewed a copy of this easy read notice. The notice stated 'the investigation will be completed within 28 days; a full verbal and written report will be produced.'

The complaints file for Special People North was viewed during the inspection. The registered manager stated the service did not have any complaints for 2015. The complaints file did not have a clear overview of complaints received, action taken or outcomes.

After reviewing a person's care file 'contact sheets' at Special People North we found a complaint in August 2015 had been made. The complaint in question was concerning issues about the time staff arrived and the rota not being provided in a timely manner. During the inspection we spoke to the person who made this complaint. The person informed us that they felt their views were not being listened to and they were still having the same issues now. We discussed this matter with the registered manager and she informed the inspection team this was currently an on-going matter and didn't feel this was a complaint.

We spoke to the person who made the complaint. The person told us that they were still awaiting an outcome from their complaint after many months of waiting. After the inspection the registered manager informed the inspection team that steps were put in place to send out rotas with more notice.

The provider did not have effective systems in place for identifying, receiving and handling complaints.

This is a breach of Regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider has not ensured effective systems in place for identifying, receiving and handling complaints.

Requires Improvement

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided by Special People North to be well-led. Mixed feedback was received in regards to whether the service was well-led.

For example, comments received included: "The manager is superb. She is very much hands on and will help out with care if they are ever short"; "I feel sorry for the manager she is juggling many tasks and I know this is not an easy job"; "I feel the service could be more proactive and actually attempt to do performance reviews. I get the feeling the manager isn't bothered about the progress of people's needs" and "The communication should be better from the manager. At times I am asking the staff can they work different shifts on rota because she leaves it too late to complete."

Special People North had a registered manager in place. The registered manager was present during our inspection and engaged positively in the inspection process.

The provider had failed to embed an effective approach to staff training and development and had not ensured that staff had the skills and competencies required to care for all aspects of peoples care and support needs. There were no formal training programme in place and staff relied upon learning from each other as the only means of skill development.

Only one staff member had training in managing people's challenging behaviours or in conflict management. People were at risk of receiving care from people who did not have the training required to meet their needs.

The statement of purpose at Special People North states; "We have established clear systems for gathering of feedback, the review of that feedback and the implementation of a clear plan of action for continuous improvement." We found this was not the case during our inspection.

The registered provider informed us that the service did not undertake any 'quality assurance' to assess and monitor the quality of service provided. However, we found that systems had been established to seek the views of the people using the service and their representatives. This was in the form of a questionnaire.

Records highlighted that questionnaires had been distributed to people using the service in and during October 2015, together with 'families / carers' satisfaction questionnaires in a standard format. Overall the feedback received was positive. A summary report and action plan had not been developed for the questionnaire. The manager stated she was in the process of producing the summary report and action plan.

There were no audits in place for care files or other systems of safety such as health and safety, medication management etc. There were no observational spot checks of staff in personnel records. There was no training plan or supervision planner in place and there had been no recorded training carried out in the four staff files we viewed.

The registered manager informed the inspection team that staff had job supervisions and appraisals. We viewed a sample of four supervision files that confirmed staff have supervisions once a year along with an appraisal. We found this level of supervision was not sufficient enough to provide the support and monitor the development of the staff. We asked the manager to provide evidence of team meetings. The manager told us that staff did not have team meetings. The manager said she contacted the staff individually on a regular basis via text messages and e-mails to keep them informed of any updates about the service. Staff were not adequately trained or supported to deliver effective care. We identified significant and widespread shortfalls in respect staff development and supervision.

The manager stated she was always in regular contact with the staff and they would meet on a regular basis but sometimes this information was not recorded. Staff we spoke to told us the manager was available to support them when out working and would at times assist the staff if they were short that day.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider has not ensured systems were in place to monitor and improve the quality of service provided.

We viewed the safeguarding records for the service. We found one safeguarding concern for 2015. The record confirmed that the local authority were notified, however the provider failed to notify CQC. The regulations require the provider to report abuse or allegation of abuse in relation to a service user." The provider should report to CQC even if they know or believe the allegation has already been reported to us by the local authority. The registered manager informed the inspection team she was not aware that this was the case.

The manager of Special People North is required to notify the CQC of certain significant events that may occur. Although the local authority safeguarding team had been notified of any suspicion or evidence of abuse, we found that the provider had not always notified the CQC as required. We have written to the provider regarding their failure to notify the CQC.

Information on Special People North had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service. A copy of this document was provided to people / representatives once their care commenced. Information on the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents.

A business continuity plan had been developed to ensure an appropriate response in the event of a major incident.

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 did not take formal enforcement action at this stage. 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 registered provider did not have effective systems in place for mitigating risk and good practise guidance. The registered person had not established effective systems to manage medicines safely. And The registered provider has not ensured that risk assessments relating to the health, safety and welfare of people using the service were appropriately updated to reflect their changing needs.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered provider had not ensured that systems and processes were established to prevent abuse of service users.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered person had not established appropriate systems to identify, receive, record, handle or respond to complaints.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider has not ensured systems were in place to monitor and improve the quality of service provided.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not established robust recruitment processes to ensure that staff recruitment procedures were established and operated effectively.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider did not have sufficient numbers of staff in place to meet the needs of the people using the service.