Special People North Limited

Special People North

Inspection report

5 Swiss Cottage
Swiss Hill
Alderley Edge
Cheshire
SK9 7DP

Tel: 01625583957
Website: www.specialpeoplenorth.org.uk

Date of inspection visit:
23 February 2017
24 February 2017

Date of publication:
20 March 2017

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

We completed an announced inspection at Special People North on 23 February 2017 and 24 February 2017. At the last inspection on the 21 January 2016, we identified multiple breaches in Regulations. We found that the service was not consistently safe, effective, responsive or well-led. After the last inspection the provider completed an action plan which showed the actions in place to make the required improvements to the way people received their care. At this inspection we found that the service was meeting the required Regulations.

Special People North is a small domiciliary care service who provide support to people and children who have a physical and/or a learning disability. At the time our inspection Special People North were providing personal care to 10 people/children.

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.

Staff and the registered manager understood their responsibilities to keep people safe where abuse may be suspected.

People's risks were assessed. Staff knew people's needs and carried out support in a safe way whilst they ensured that people's independence was promoted.

There were enough suitably qualified staff available to meet people's assessed needs. The provider had an effective system in place to monitor the staffing levels against the needs of people who used the service.

Staff received training which was updated regularly to ensure they had the knowledge and skills required to meet people's needs effectively.

People consented to their care and where they were unable to consent mental capacity assessments had been carried out in line with the Mental Capacity Act 2005 (MCA). Staff showed they understood and applied the requirements of the MCA. This ensured that when people had the ability to make decisions for themselves, their decisions were respected. It also ensured decisions were made in people's best interests if they were unable to do this for themselves.

People were supported to eat and drink sufficient amounts and staff understood people's nutritional needs and preferences when they supported people with their diet.

People were supported to access health professionals and referrals for advice were sought by the registered manager, which ensured people's health and wellbeing was maintained.

People received care that was caring and compassionate and they were enabled to make choices about their care. People's dignity was maintained when they received support from staff.

People were involved in the planning and review of their care, which was planned and carried out in a way that met their preferences.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

People and staff were able to approach the registered manager. Staff felt supported to carry out their role.

Feedback was sought from people and staff, which was acted on by the registered manager to make improvements to the quality of care people received.

Effective systems were in place to assess, monitor and manage the service to make improvements to the way people received their care.

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.

People were protected from the risk of harm, because staff were aware of the signs of abuse and the actions they needed to take.

People's risks were planned, managed and monitored to keep people safe.

There were enough staff available to meet people's needs. Staff had received appropriate checks to ensure they were suitable to provide support.

Procedures were in place to ensure that when required medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff completed an induction and received regular training to ensure they had the knowledge and the skills to provide effective support.

People consented to their care and where people were unable to make certain decisions staff and the registered manager were aware of their responsibilities to ensure people were supported in their best interests.

People were supported with their nutritional needs and were supported to gain health advice where required.

Is the service caring?

Good

The service was caring.

People were supported by caring and compassionate staff who made them feel comfortable when they provided support.

People were supported in line with their choices in a dignified and respectful way, whilst promoting their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised support by consistent staff who knew people well. People were able to choose the staff who supported them to ensure they met their needs and preferences.

People and their relatives were involved in the planning and reviewing of their care.

There was a complaints policy available, which people understood and complaints received had been acted on appropriately.

Is the service well-led?

Good

The service was well led.

People and staff felt that the registered manager was approachable and took account of their views.

Feedback was sought from people and staff to inform service delivery and make improvements where required.

There were effective systems in place to monitor and manage the quality of the care provided.

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.

This inspection took place on the 23 February and 24 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

We visited the office of the service on the 23 February 2017and we carried out telephone calls to people who used the service or their relatives and staff members on the 24 February 2017. We did this to ensure that we had the views and experiences of people who used the service and staff.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the returned PIR to help in the planning of our inspection. We reviewed other information that we held about the service. This included notifications we received about incidents and events that had occurred at the service, which the provider was required to send us by law. We also contacted other professionals for their feedback to help us plan the inspection.

We spoke with two people who used the service and four relatives/representatives, four care staff and the registered manager who is also the provider. We viewed three records about people's care and audits that showed how the service was managed, which included six staff training and recruitment records.

Good

Is the service safe?

Our findings

At our last inspection, we found that risks to people's safety and welfare were not consistently planned, monitored and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

We found that improvements had been made to the way people's risks were planned and managed. People we spoke with told us how staff kept them safe. One person said, "Staff are very good with me, they make sure I am using my equipment safely and keep an eye on me". We saw that risk assessments were detailed and contained personalised information about people's needs and how staff needed to manage their risks. Staff we spoke with had a clear understanding of people's risks and knew how to support people safely. For example; one person had received advice from a physiotherapist on the way to use their walking aid correctly. We saw this was records in their records and all the staff we spoke with were aware of how to support this person to use their equipment safely to lower their risk of falling. Another person suffered seizures and there was clear guidance to alert staff of the signs that this person was about to have a seizure and the actions staff needed to take to ensure they were in a position that kept them safe from harming themselves. This meant that people's risks were planned for and followed to keep people safe from the risk of harm.

At our last inspection, we found that the provider had not ensured that safeguarding systems and procedures were established and operated effectively. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

People told us that they felt safe when staff provided care. One person said, "The staff are very good, they treat me well and when they help me I feel very safe in their hands". A relative said, "I trust the staff with my relative. I have never had any concerns". Staff explained how they supported people to remain safe and were able to explain the actions they needed take if they felt a person was at risk of abuse. One staff member said, "I've recently had refresher training to ensure I understand how to safeguard people and children from harm. I would speak with the manager if I had any concerns to make sure people and children are safe". Another staff member said, "I've read the policies and I know what signs to look for if I thought anyone was at risk of abuse. I would not hesitate to report any concerns". We spoke with the registered manager who understood their responsibilities to report abuse to the local authority where concerns were raised. We saw that there was a safeguarding policy available, which had been signed when staff had read the policy. Staff had received training to ensure they had up to date knowledge of safeguarding vulnerable adults and children from abuse. This meant that improvements had been made to ensure staff understood how to protect people from the risk of abuse.

At our last inspection, we found there were not always sufficient staff available to meet people's assessed needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

People and their relatives told us that there were enough staff available to provide care when they needed it. People told us that staff arrived at a time when they needed and staff stayed for the amount of time they needed. One person said, "The staff are very good, they are good time keepers and always stay for the right amount of time. I've never had a missed call". Another person said, "I've never had a problem, staff always turn up at the time they say they are coming and I get a rota so I know who is calling". Staff told us they felt there were enough staff available and they had enough time to provide support for people in an unrushed way. One staff member said, "It is important we give people our time and we can provide support to people at their pace because the way [registered manager's name] schedules the visits gives us plenty of time". Staff and the registered manager told us that they covered any staff shortages due to sickness or annual leave within the permanent staff team to ensure that people received consistent care from staff who they knew well. The staff rota's we viewed confirmed that there were enough staff available to meet people's care needs. This meant that there were enough staff available to provide support to people and there were plans in place to ensure staff shortages did not impact on the delivery of people's care.

At our last inspection, we found that the provider did not have robust recruitment systems in place to ensure people were supported by suitable staff of good character. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had a safe recruitment procedure in place. Staff told us they had undergone checks to ensure they were suitable to provide care to people. We viewed six staff files which showed that the registered manager had obtained two references from previous employers and staff had undergone criminal checks with the Disclosure and Barring Service (DBS). This meant people were supported by staff that were suitable to provide care and support to vulnerable people.

People we spoke with told us that staff helped them to access their medicines from where they were stored in their home but staff did not administer their medicine to them. Staff we spoke with confirmed what people had told us. Staff had received training in the safe handling of medicines, which ensured they had the skills and knowledge should they need to administer medicines in the future.

Good

Is the service effective?

Our findings

People we spoke with told us that staff prepared some meals and drinks for them. People told us that staff knew what they liked and they always asked them if they wanted a drink. One person said, "Staff are great, they sit and have a drink with me and they know exactly what I like". Another person said, "The staff help me with some meals. They know what I like but always ask me anyway". Staff we spoke with were aware of people's dietary needs and how they needed to support people to eat and drink in line with their preferences. For example, one person's care plan stated that they needed a gluten free diet and staff we spoke with were aware of this. Staff were able to explain they types of food this person needed to maintain their wellbeing. This meant people were supported with their nutritional needs.

People told us that staff knew how to support them if they felt unwell. One person said, "Staff can tell if I'm not feeling well, even if I say I'm okay. They know me well and sometimes I don't like to say I'm not feeling well, but they can tell. They have supported me to get to attend appointments if my family are not available". Staff we spoke with explained the actions they took if they thought a person's health had deteriorated. Staff told us that they could tell if people were unwell because of their emotional wellbeing, for example; if someone was quieter than usual or they were unusually tired. We viewed the communication records and saw where staff had informed the office if they felt a person was unwell and the appropriate professional had been involved. This meant that people were supported to have access to health professionals when needed.

People and their relatives told us that they were involved in the planning of their care and they consented to their care. One person said, "They [the staff] never do anything without asking me first. If I don't want something doing they listen to what I want". Records we viewed confirmed that people had consented to their care and had been involved in the assessment of their needs.

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. Staff were aware of the actions they needed to take when a person lacked capacity to make decisions. One staff member said, "I would report any concerns I had to the registered manager if I felt people were having difficulties making decisions. I've had training which has helped me to understand and identify if someone is having difficulty". The registered manager told us and we saw that people who currently used the service had the capacity to consent to their care. The registered manager was aware of the actions they needed to take if they felt people were unable to make informed decisions about their care. This meant staff and the registered manager understood their responsibilities under the MCA.

People we spoke with told us they felt staff understood how to support them effectively and they were well trained in their role. Staff told us they had received an induction before they provided support to people on their own. One member of staff told us, "I received an induction before I provided support to people. I read the policies and procedures and shadowed other members of staff so that I knew people and they felt

comfortable with me". Staff told us that they had received training, which had been recently updated and the training records confirmed what staff had told us. Staff told us the training had been useful in giving them guidance on specific areas of practice and to help them understand people's needs, such as; autism awareness and Mental Capacity Act 2005. One member of staff said, "I've recently undertaken refresher training in different areas. I feel the training is good as it helps me to understand how to support people in a way that meets their needs". This meant that people were supported by staff that were suitably trained to carry out their role effectively.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring and compassionate toward them. The comments we received from people and relatives included; "The staff are excellent, they are very patient and caring. I can have a good laugh and I trust them all", and "The staff are all excellent. They take their time and I never feel rushed. I am really happy with how I am treated", and, "The staff look after me really well, they are kind and make me feel comfortable. I can't express just how happy I am with the care. Fantastic". People also told us that the registered manager was caring and supportive. They told us that the registered manager promoted a caring service and showed care and empathy when assessing the support they needed. A relative told us they felt at ease with staff supporting their relative because the service and the staff promoted compassion in care that was centred around their relative's needs. They said, "I am very happy with the service because it is reliable, the staff fit around my relative's needs. The staff are kind and have a loving approach. I trust the staff, which is really important to me".

People told us that they were treated with dignity and respect when staff supported them. One person said, "Staff are very mindful and they protect my dignity one hundred percent. They are sensitive when I need support so I don't feel embarrassed or uncomfortable". Another person said, "Staff are very respectful and treat me with the utmost dignity". Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "I always make sure people are comfortable with the support I am going to provide. When we are out I am always discreet when asking people if they need help to protect their dignity and privacy".

People were given choices in the support they had and they told us staff always asked them what they needed. One person said, "The staff always ask me what I need and sometimes if I decide that I don't want a certain type of support they respect my wishes. I never feel like I am pushed into doing something I don't want to do". Another person said, "Staff listen to what I want and they do what I ask. The staff respect my independence to do things for myself and give me the choice of how much support I need. The amount of support can change dependent on how I am feeling". Staff told us that they asked people before they provided support and took account of their wishes and their level of independence. One staff member said, "It is important to encourage and promote people's independence. I always ask how people are feeling and ensure I give them choice of the level of support they feel they need as this can change". This showed that people were able to make choices in how their care was carried out, which were respected by staff.

Good

Is the service responsive?

Our findings

At our last inspection, we found there were no established systems in place to manage and act on complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

People told us that they were aware of how to complain and knew who they needed to contact if they had concerns. One person said, "I would complain to [registered manager's name] if needed. They are very approachable". Another person said, "I have no reason to complain. I really can't fault the service, but if I had to I wouldn't hesitate to ring the office". I'm happy with things now". We saw the provider had a complaints system in place and complaints received had been logged. The complaints log we viewed contained the actions taken by the registered manager to investigate the complaint. For example; we saw that issues raised had been discussed with staff members and training had been updated to ensure staff were carrying out support to people as required. This meant that the provider had a system in place to manage and act on complaints received.

People told us that their preferences were taken into account. One person said, "Staff know exactly what I need. They know all the little things like how I like my drink etc." A relative said, "The staff know my relative really well. They know how they like their hair and make-up as this is important to them". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence, such as food choices and how people liked their care providing. Staff also understood different people's individual routines that they liked to follow and people's hobbies and interests. People and staff told us that before staff provided support the person receiving the service carried out an 'interview' of the staff member. One person said, "I think it is really good how I was given the opportunity to 'interview' staff who were going to support me. We have a chat to see if we get on and you know if it's going to work or not. I've never been able to do this at any other service I have used before". Another person said, "It's such a good idea to be able to get to know staff before they start to provide care, not everyone 'clicks' and I spend quite some time with the staff so we need to get on". This meant that people's preferences were taken into account and the registered manager ensured people were involved in choosing who provided their support.

People and relatives told us they had been involved in the reviews of their care and changes had been made to their care when people's needs had changed. A person said, "I was involved from the very start and I am involved in any changes that need to be made. The manager is very good at keeping me up to date with everything". A relative said, "I am involved in the reviewing of my relative's care and they ask my advice with how they need their support providing as I know them best". We saw that where people's care had been reviewed and their needs had changed, the registered manager had made changes to the care plans in place to ensure people received up to date support that met people's changing needs.

People told us that carers arrived on time and they had consistent staff who they knew well. People said they were provided with a rota on a monthly basis so they knew which staff member would be visiting them and they knew who to expect. One person said, "I always get a rota so I know who is coming. If there is a change I am always made aware as I get a call from [registered manager's name]". Another person said, "I

have a team of four staff, who I know really well and they know me well too. It's good I have the same staff as we can build a relationship of trust". Staff told us that they had a team that regularly supported the same people and this meant that when there was sickness or cover was needed people received consistent support from staff who knew people well. The staff rotas showed that people received their care at a time that they preferred by a consistent group of staff.

Good

Is the service well-led?

Our findings

At our last inspection, we found that the service was not consistently monitored and managed because there were not robust systems in place to ensure people were receiving care as assessed and planned. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the required improvements had been made.

We found that improvements had been made to the systems in place to monitor the quality of the service provided. The provider had implemented quality assurance policies to ensure that they had guidance to follow to ensure people's experiences and the care people received was monitored. We saw that the registered manager had implemented some audits to monitor the quality of the care provided. We saw that incidents and accidents that had occurred were recorded and there was an audit in place. This included a record of the incident/accident, the action taken at the time and any further actions needed. The registered manager used the audit to ensure the appropriate action had been taken to lower the risk of further occurrences. For example; one person had suffered a seizure and the care plans were updated, which provided further details on how staff needed to support this person before, during and after their seizure. The registered manager told us that they checked people's care records on a weekly basis and regularly updated these when changes were needed to the way staff needed to support people. The registered manager did not have a formal audit in place at the time of the inspection, but they told us that this would be implemented with immediate effect to show how they monitored people's records. This meant that improvements had been made to the way the service was monitored.

People who used the service told us that the registered manager was approachable and they felt able to raise any issues they had and knew these would be dealt with appropriately. One person said, "The manager is very open and I feel able to talk to them about anything. I find them extremely approachable". Another person said, "[Registered manager's name] is lovely and I can pick up the phone and call anytime. They are very helpful, lovely and caring". A relative we spoke with told us, "Approachable and supportive manager. We have been made to feel very comfortable and at ease from the start".

People told us they were asked for feedback on a weekly basis by the registered manager, through a yearly survey and at their care reviews. The records we viewed showed that the feedback received from people about the service was positive. We saw that the quality assurance telephone calls contained compliments about the service provided such as; "[Staff member] goes above and beyond. Their work and our relationship is brilliant", and "Positive reliable care worker". This showed that people's feedback and experiences were monitored to help inform service delivery.

Staff we spoke with told us that the registered manager was approachable and listened to any issues or feedback about people they supported or the service provision. One member of staff said, "The registered manager is very supportive and if I have any issues they always get sorted out straight away". Staff were asked for feedback in the form of a survey and through regular team meetings. Staff told us and we saw that feedback received was acted on to make changes to the effectiveness of the service delivery. For example; one member of staff had contacted the registered manager to request that changes were needed to a

person's care plan for a specific condition so that staff had step by step information to follow. We saw that this person had been re-assessed and a detailed process had been completed. Staff told us they received appraisals and they found the opportunity to discuss issues useful. One member of staff said, "The appraisals are really good, it gives me time to sit down and think about the care we provide and if I need any further training and development. I always feel listened to and if I have raised anything it is dealt with". This meant that staff were supported and feedback was gained and acted on to make improvements to the care people needed.

The provider has a duty to notify us (CQC) of any incidents that had happened at the service, which enables us to monitor the service. For example; expected and unexpected deaths, serious injuries and alleged abuse. There had not been any incidents at the service that were reportable but we found that the registered manager was aware of their responsibilities to report any incidents to us when required. This meant that the registered manager understood their responsibilities of their registration.