Ms Julie Laura Skinner

Special People

Inspection report

Brickworks Community Centre
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Date of inspection visit:
04 September 2018
10 September 2018

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

Special People is a care agency that provides care workers to undertake personal and supportive care for infants, children and adults with learning and physical disabilities. The main office for Special People is based in North London although they provide care workers across the London boroughs. There were just over 100 people, mostly children, using the service at the time of this inspection.

At the last inspection on 14 January 2016 the provider met all of the legal requirements we looked at and was rated Good.

At this inspection we found the service remained Good.

At the time of our inspection the provider also acted in the role of the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

From the contact we had with relatives of children using the service and a social care professional we found that there was usually a good and even very high degree of satisfaction with the way the service worked with people. There was confidence in how the agency worked and felt that staff communicated well and were knowledgeable and skilled.

People who used the service, mostly children, but some adults, had a variety of complex support needs and from the twelve care plans that we looked at we found that the information and guidance provided to staff was clear. Any risks associated with people's care needs were assessed, and the action needed to mitigate against risks was recorded and reviewed regularly.

Care plans were well written, easily accessible and described each person's individual care and support needs. Preferred methods for communicating and how each person liked to be cared for were described with the appropriate guidance for staff about how to do this was in place.

We looked at the training records of the 29 staff that provided personal care. We saw that in all cases, core training had been undertaken and the type of specialised training they required was tailored to the needs of the people they were supporting. We found that staff appraisals were happening annually.

Care staff respected people's privacy and dignity and worked in ways that demonstrated this. Staff worked well to ensure people's preferences were respected, whether they be children or adults.

The provider continued to monitor the quality and performance of the service, seek people's views and respond to those views, which was evident in the experience of the service that relatives shared with us.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Special People

Detailed findings

Background to this inspection

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

The provider was given 48 hours' notice because the location provides a domiciliary care service. We carried out two visits to the agency on 4 and 10 September 2018. This inspection was carried out by one inspector and an expert by experience who telephoned relatives of children using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of domiciliary care service for people with complex care needs.

Before the inspection, the provider completed 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 also reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

As a part of our inspection we contacted fifteen people, or their relatives, to ask for their views about the service, and received responses from four relatives. We also received feedback from a local authority care manager and four of the eighteen care staff we contacted to ask for their views. We also spoke with the human resources manager, the training manager, a care co coordinator as well as the head of the care co-ordination team who was deputising for the manager whilst they were absent.

We gathered evidence of people's experiences of the service by conversations we had with their relatives and by reviewing other communication that staff had with these people, their families and other care professionals.

As part of this inspection we reviewed care records of twelve children and adults. We looked at the recruitment and induction records for five care staff employed since our previous inspection. We also looked at training and supervision records for the staff team. We reviewed other records such as complaints information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

The relatives who contacted us believed the service was safe and felt that their relatives were kept safe by staff. We were told "I have every confidence in the care staff we have. They look after my relative as I would" and "[relative] is safe and I don't have any concern so far."

The service continued to operate safe recruitment procedures. We looked at the recruitment records for five staff who had been employed since our previous inspection. Each member of staff had the required identity verification, disclosure and barring checks (DBS) and references, the human resources officer contacted referees to discuss and verify the reference provided.

The service took all reasonable steps to ensure that people were protected from harm. There were organisational policies and procedures for protection of children and adults from abuse. Care and support was provided to people living across many London boroughs and the provider had the necessary information about who to contact if any concerns arose. No concerns about abuse had arisen since our previous inspection.

Staff told us they had training about protecting children and adults from abuse. It was the policy of the provider to ensure that staff had initial training which was then followed up with periodic refresher training. When we looked at staff training records we found that this was happening for all staff, including staff working at the agency office.

People had continuity of care and were usually supported by the same staff. Staff worked individually with specific families. If a replacement was needed, for example due to staff sickness or annual leave, alternative staff were allocated that had the necessary training to safely provide the care required.

The service had arrangements in place to deal with emergencies, whether they were due to people's changes in care needs, staffing shortfalls or other potential emergencies. The provider operated an out of hours on call service. No one we spoke with reported any difficulties with receiving a response from the service.

The service was not responsible for obtaining medicines on behalf of anyone using the service. Where medicines were administered with staff support, we found that signed agreements were in place and training had been provided to staff that needed to perform this duty. Continued competency of staff to safely assist with medicines was checked by the provider.

Good

Is the service effective?

Our findings

A relative we spoke with told us "communication is very good and the staff are available whenever I need them. I also get call backs whenever I have left a message." Other relatives said "They [staff] use their initiative, they communicate very well", "Yes I think the staff do a wonderful job" and "I think the staff are really good and know what they need to do to provide care for my relative."

The provider had a system in place for both individual and group staff supervision. Many care staff worked part time and often did no more than a few hours each week and in some cases less frequently. The system for establishing a quarterly staff supervision process that was being introduced at the time of our previous inspection was now well established. We found that staff appraisals were happening on an annual basis

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Although overwhelmingly the service cared for children and young people under the age of 16 a small number of adults were also catered for. It should be noted that the agency would not have responsibility for making applications under the MCA and deprivation of liberty safeguards for adults. DoLS legislation does not apply to children. The provider would have responsibility for ensuring that any decision made under the MCA 2005 were complied with, although not applicable for any adults using the service at the time of this inspection there were clear guidelines in place.

Care staff told us "I have completed many training courses which have really helped improve my work as well as allowing me to work with a greater range of people" and "I was provided with other training shortly after the induction and I have been able to obtain other qualifications in providing care with the service."

We spoke with the training manager who described the system used to ensure both mandatory and optional training courses were provided. The mandatory training covered core skills and knowledge for staff. The training manager told us that if a child or adult had needs that required specialised training then only staff who had received this would be used to care for the person. The provider was diligent in making sure that the required training was provided and that care staff were skilled and knowledgeable about how to provide the care that the people they supported needed.

We looked at the training records for care staff. The staff training records listed the dates that training had been undertaken and the date by which refresher training had to be completed. This supported the provider's aim to ensure that people were only supported by staff with the necessary skills.

The care plans that we looked at showed that consent to care and support was being obtained. Where children were using the service, this consent was sought from a parent or guardian.

Meals were prepared by staff in only a small number of cases. We found that people's specific preferences were known and adhered to and staff that had this responsibility were trained. Where people received their nutrition, for example via a tube (PEG) feed, care staff had specific training and individual guidance about how to do this safely and effectively.

The service did not take primary responsibility for ensuring that healthcare needs were addressed. However, the service required that any changes to people's condition observed by staff when caring for someone were reported to themselves, their relative, parent or guardian. Care plans showed the provider continued to verify people's healthcare needs and provided specific training and guidance to staff about how to support people to manage these conditions.

Good

Is the service caring?

Our findings

Relatives told us "They treat my relative with respect, my relative informs me if they are not happy, by means of non-verbal communication" and "I think the staff treat my relative very well. They are respectful. I think they treat my relative very nicely actually."

Care staff told us "The service identifies people's cultural needs and is respectful of that diversity", "Building good relationships with people is included in training "and "I have had training in understanding and respecting diversity."

Care staff we contacted demonstrated that they knew the principles of providing care with compassion and respect for those they supported and their families. We also noted how well the agency's office based staff knew people that the service supported. On different occasions during our inspection when we asked about aspects of individual people's care the responses we received were detailed and did not require staff to look at care records, demonstrating how well staff knew people.

People's individual care plans included information about their cultural and religious heritage, communication and guidance about how personal care should be provided. We found that staff were provided with information about people's unique heritage and care plans described what should be done to respect and involve people as far as they were meaningfully able to be involved. An emphasis was placed on building trusting relationships with the parents of children that were cared for.

The service provided care to several children with communication difficulties. A range of communication methods were used. These could be use of particular words or phrases when speaking, Makaton sign language [this is a specific form of sign language used by people with a learning disability], use of objects of reference and understanding what verbal or non-verbal responses people were able use. We saw a clear communication policy that included recommendations on methods that staff could use during care to maximise people's involvement and choice in the way they were supported. A relative told us "My relative is non-verbal. Staff communicate well with my relative because they know my relative's communication needs."

Care plans showed that children and adults using the service were involved as much as they could be also taking into consideration children's ages as well as the wishes of parents or guardians.

Good

Is the service responsive?

Our findings

We asked relatives if the agency was responsive to people's needs. A relative told us "I would say yes. The agency has already assessed my relative and they inform the care staff and also, I'm proactively involved in my relative's care." Another relative said "Yes, I think so. At the moment the current staff member who cares for my relative has been doing so for a year, so they respond very well towards my relative needs and they are very aware."

The children and adults who were using this service each had a care plan. We looked at the care plans for 12 of these people. Care plans covered personal, physical, social and emotional support needs. The care plans described people's specific needs and reflected each person's lifestyle and preferences for how care was provided.

Care staff told us "Yes, we always have a care plan to refer to which helps us understand the family's needs and wishes." and "The service recognises diversity and responds appropriately and provides holistic care to clients with specific cultural needs, as well as their overall needs."

In the matching process we found that a staff member's ability to acknowledge and respond to people's cultural and linguistic needs were to be carefully considered. This included not only staff having language skills but also skills in communication in other non-verbal types of communication, for example Makaton, which is a commonly used sign language for people living with a learning disability.

Care plans were updated at least every six months, but more frequently if changes to people's care needs required care plans to be updated. Where care needs changed or where people themselves, their parents or guardians requested alterations to how care was provided, the agency was responsive to these needs. For example, we looked at a care plan where a child's family made specific requests for staff that supported them. The child required often two or more staff at any one time. This had been considered in a lot of detail and there were regular meetings and feedback between the family and staff team to discuss the care and support being provided. The added benefit of this is that it was also a way of pre-empting any issues that may be emerging and to respond to these. Care plans were agreed to and signed by the parent or guardian caring for the child.

A relative told us "Sometime last year, a particular staff member's attitude wasn't right and I wasn't happy. I called the office and informed them that I don't want this particular staff member again as I wasn't comfortable and it was dealt with."

We looked at the complaints record and found that no formal complaints had been made in the last twelve months. The continued focus of positive communication and relationship building with people demonstrated that any queries raised were quickly responded to without the need for people to raise formal complaints.

Good

Is the service well-led?

Our findings

When we asked about the thoughts people had about the management of the service we were told by relatives that "Well, I dealt with different people and they listen to me and are very attentive" and "[The agency] has responded very effectively I'm confident in the management."

The service operated a 24 hour a day on call system. Staff, families and others could contact the office during the normal working week with senior staff taking responsibility for providing out of hours cover at other times. This system operated well and provided the necessary support as and when, although rarely, required.
Care staff told us" The service appears to be well led and well managed. This has gotten better with time" and "The agency is reachable always by care staff. I have never had a personal reason to think the service is not well managed."

Some staff did suggest that more regular meetings between care staff would be valuable which we mentioned for information purposes for the provider to consider exploring further.

Senior staff had specific management roles and responsibilities for specific areas and were required to report to the provider about the way the service was operating. Any challenges or risks to effective operation that arose were quickly identified and responded to which was reflected in the positive way that people using the service, and others, viewed how well the service was managed.

There was a clear management structure in place. The responsible individual as the provider of the service was also the manager. As the registered manager was away during this inspection we spoke with the project co-ordinator who was deputising in the registered manager's absence. In discussion with this person during our inspection we were told about, and shown, the monitoring systems for the day to day operation of the service. For example, monitoring of care plan and risk assessment reviews, staffing matters as well as the overall operation of the service or anything that might pose a potential risk to effective service delivery.

Relatives told us "I would definitely recommend the service to my family or friends. The service is very trust worthy and reliable", "I'm very happy with the service, "I'm happy with the regular staff we get and I also think my relative is very happy" and "Overall I have no complaints they do a very good job." The provider continued to monitor performance, seek people's views and respond to those views, and this was evident in the experience of the service that relatives shared with us.