

Special People North Limited

# Special People North

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Special People North is a domiciliary care agency providing personal care and support to both adults and children.

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

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

People and their relatives were very complimentary about the management of service and the skill, reliability and continuity of the staff employed.

Care and support were delivered by staff who had been supported through a robust recruitment process. Staff had an effective induction, ongoing training and adequate supervision.

Prior to using the service, people's needs were assessed to ensure they could be met. People received care and support which was safe and personalised to their individual needs. Staff and the people they supported had been 'matched' through the recruitment process in order that they felt comfortable and confident working together.

Staff understood their responsibility to protect people in their care from abuse and report any concerns they had. Risks to people had been assessed, identified and appropriate management plans were in place to minimise the risk of harm. People were supported to take their medicines safely.

People were supported to maintain good health; eat healthily and access additional services when required.

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

People were supported by staff who were kind and caring, respected their privacy and dignity and promoted their independence. Staff understood people's diverse needs and supported them in a caring way.

People's communication needs had been assessed and met. People were supported to participate in activities that interested them

A complaints process was available and those we spoke to knew how to complain if they were unhappy; however, people told us they had nothing to complain about at this time.

The service had an effective system in place to assess and monitor the quality of the care and worked in partnership with key organisations to plan and deliver an effective service. People and their relatives' views had been sought and their feedback had been used to improve the quality of care and support provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good ( published 18 March 2017 ).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was good.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Special People North

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

#### Notice of inspection

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

Inspection activity started on 2 September 2019 and ended on 6 September 2019. We visited the office location on 5 September 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who either used the service or were family members of those that did about their experience of the care provided. We spoke with eight members of staff including the provider/registered manager. We also had feedback from two professionals who had contact with the service and the local authority commission team.

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

#### After the inspection

The registered manager forwarded to us confirmation and additional evidence in regards to medicines, recruitment and mental capacity.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place which referred to relevant legislation as well as local arrangements for the reporting and investigation of allegations of abuse. These reflected the differing requirements for children and adults.
- Staff were aware of how to safeguard people from the risk of harm and were confident that if issues were reported they would be addressed appropriately.

Assessing risk, safety monitoring and management

- People and their families said that the service, in their opinion was extremely safe. Comments included "I trust the staff implicitly", "I trust them, literally, with my life".
- Risk assessments and management plans were in place to inform staff how to keep people and themselves safe. Staff had recently received training in how to assess and manage risk more effectively.
- The registered manager informed us, where required, other professionals such as physiotherapists were involved in assessing and supporting staff to reduce risks safely
- Accidents and incidents were recorded, reviewed, evaluated and action taken to prevent a recurrence.

Staffing and recruitment

- The service carried out appropriate checks to ensure staff were of suitable character and skill to support people in their own homes.
- People and their relatives often had input into the recruitment and selection of potential staff in order to ensure they felt comfortable with appointment. One person confirmed " They take a great deal of time and care to match suitable carers".
- Staff were deployed efficiently, and people were very happy with the timeliness and continuity of the service they received.

Using medicines safely

- Some medicines were crushed, mixed with drinks or given with foods to assist people in taking them. Advice not been sought and recorded from the pharmacy to ensure it was safe and suitable to do it in this way. Following the inspection the registered manager confirmed that medicines were safe to be administered in this way and that this would be checked in all instances going forward
- Where oral medicines or topical creams were given 'as required' or in a variable dose; staff were quite clear as to how and why this was necessary. However, there was no written protocol in place to ensure a consistent approach to administration. Following the inspection, the registered manager confirmed that these were in place.

- People and relatives had confidence in the staff to ensure that medicines were given as prescribed and records confirmed this.

#### Preventing and controlling infection

- Staff had completed infection control and food hygiene training. Staff told us they followed appropriate infection control practices.
- One person told us "Staff wear aprons and gloves and really respect my family home by keeping it clean".

#### Learning lessons when things go wrong

- There were policies and procedures in place for the reporting and recording of accidents and incidents. A review of each had been undertaken to look at what had occurred, causation and any actions to be taken to mitigate any future risk.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people began using the service, their needs were assessed to ensure the service was suitable and could fully meet their needs.
- Information acquired from these assessments was used to develop individual care and risk management plans. These were reviewed to ensure that any changes were implemented and also to ensure that good outcomes were being achieved.
- Where required, the service involved healthcare professionals in these to ensure people were supported in line with best practice.

Staff support: induction, training, skills and experience

- Staff received a thorough induction and were given the opportunity to complete the care certificate. There was ongoing assessment of staff competence and confidence.
- A training programme was available which covered essential areas such as safeguarding, moving and handling and medicine management. Staff comments included "My training was excellent and made me feel confident" and "Whenever there is something new required we have training which may be sometimes from a health professional to ensure our competence".
- Other training was provided where staff were required to carry out tasks, monitoring or use equipment which required specific skills.

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

- People were supported to eat and drink sufficient amounts for their health and well-being.
- Care plans included assessments of people's nutritional needs and the level of support required. They also included detailed guidance for staff on how to support each person and meet their dietary needs.
- Staff knew the level of support each person required to eat and drink safely. They told us that if they had any concerns about a person's nutritional or hydration needs they would report it to their managers or to a healthcare professional.
- Detailed records of food and fluids were kept where deemed appropriate and necessary.

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

- Professionals from social care were positive about the service commissioned. Comments included "I am never disappointed" and "Carers are trained to work in difficult situations and their commitment shows in

the effectiveness of care delivered".

- People's care plans included information about their medical conditions, medicines and any allergies to ensure information was readily available to hospital teams and emergency services when required.
- The service worked in partnership with health and social care professionals including GPs, physiotherapists, district nurses and occupational therapists to plan and deliver an effective service.
- Video clips and pictures had been used to support staff in carrying out tasks such as recommended exercise programmes with people.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service was working within the principles of the MCA. People and their relatives told us staff sought their (where appropriate) or their loved one's consent before supporting them.
- People were provided with information in formats that met their communication needs so they could make informed decisions for themselves wherever possible.
- The registered manager told us, if they had any concerns regarding a person being unable to make specific decisions for themselves, they would carry out a mental capacity assessment with the person, their relatives where appropriate and other professionals to ensure decisions were made in their best interests.
- Where people received medication covertly ( hidden or disguised) the MCA had been followed to ensure that this was done in a person's best interests.
- The registered manager told us that some people had a third party with legal decision making responsibilities ( through the court of protection or a lasting power of attorney). We suggested a record be kept on file.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received positive comments about the staff and how people were supported. This was also reflected in the quality survey undertaken by the service. Comments included "Clients needs are always paramount" and " There is a genuine care and understanding".
- People's diverse needs were included in their care plan. Staff had completed equality and diversity training; they respected people's differences and supported them in a caring way. For example, staff from similar backgrounds or with shared interests were matched with those they supported.

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

- People and their relatives were involved in planning the care and support needs.
- People were supported to make day-to-day decisions for themselves and were provided with choices.
- People were provided with a service user guide, so they could make informed decisions for themselves about the support that could be provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their rights to confidentiality were upheld and they were not discriminated against in any way.
- Staff told us how they promoted privacy and dignity when supporting people. Information was also in care plans as to how staff were to uphold privacy and dignity especially when supported someone within the community.
- People and families valued the fact that staff did not wear a uniform as they felt this maintained their privacy when out and about.
- People's care files were kept securely in lockable cabinets in the provider's office. We spoke with the registered manager about ensuring the privacy and security of information when information was passed to staff via email.
- People were supported to maintain their independence. People's care plans included guidance for staff on the things they could do for themselves and those that they needed staff support with.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- Each person had a care plan in place which provided staff guidance on how their care and support needs should be met.
- These were specific to each person and contained information on routines, like and dislikes as well as things that were of utmost importance to them,
- Staff knew individuals they supported extremely well, and they told us about the support they provided to ensure people's needs were met.
- Care was very flexible and provided at times that best suited a person and what they wanted to achieve over the course of each week.
- Daily care notes showed the care and support delivered was in line with the care and support planned for.

Meeting people's communication needs

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

- Communication needs were addressed within care plans and adjustments made as required.
- Information for people was available in alternatives formats such as large print or in a pictorial format.
- Staff had been provided with Makaton training in order to enhance their communication skills with a number of people who used the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their families informed us that staff enabled them to have a fuller and more meaningful life as they were supported to follow their interests and take part in activities that were important to them.
- People had been able to continue education, participate in sports or attend work based activities fully supported by the staff member.

Improving care quality in response to complaints or concerns

- The complaints process was easy to follow and accessible for people. People and families were aware of it and how to make a complaint.
- We were told that issues were resolved quickly without having to escalate to a formal complaint. A comment made was, "I have had a very positive experience, and if any issues have arisen, they have been

dealt with quickly and efficiently".

- A complaints log was kept of concerns raised along with the actions taken to investigate and resolve.

#### End of life care and support

- The service supported people with life limiting conditions and had also provided support during the 'end of life' phase of a person's illness.
- A discussion in regard to a person's wishes to place if the person wanted to share this with the staff.
- The registered manager had provided staff with external psychological support to manage such occurrences where it had been felt appropriate. They were looking at providing additional training for staff in the future.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service at all levels was committed to delivering a high quality and personal support to people and their families. They were at the centre of service delivery and planning.
- Management and staff had a clear set of values which included communicating effectively, promoting privacy, dignity, independence and choice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a registered manager in post who understood their responsibility to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and had notified CQC of significant events that had occurred at their service. This person was also the registered provider.
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.
- There were systems in place to assess and monitor the quality of the service.
- The service had an out-of-hours system which people, their relatives and staff used to contact the registered manager in the event of an emergency.

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

- People and their family were asked their opinion and views in order to develop the service. Feedback was gathered through home visits and surveys.
- The last survey provided positive feedback. People and/or their families said staff treated them or their loved ones with kindness and compassion, dignity and respect, as an individual and respected their preferences.
- Staff were updated on best practice and their views sought about the service. Staff told us they felt their views were important and they were listened to.
- The provider and staff members had strong links with the local community and key organisations. People were supported by the staff to participate in activities and events run by local groups and organisations.
- A directory of relevant community based organisations was kept and shared with people who used the service and their family members.

#### Continuous learning and improving care

- The registered provider had responded to concerns or suggestions for improvement following both service user and staff feedback.
- This included making changes to the management of the service such as record keeping and introducing pre- appraisal ' service user' feedback for staff. The business continuity plan had also been updated following learning from recent floods in the summer affecting the deployment of staff.

#### Working in partnership with others

- There was good evidence to demonstrate that the service worked in partnership with others in order to achieve the best outcomes for people.
- The service worked in partnership with health and social care professionals to plan and deliver an effective service. Healthcare professionals were consulted where there were concerns to ensure people's healthcare needs were met.