

Ms Julie Laura Skinner







Special People

Inspection report

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Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Good	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires Improvement	

Overall summary

This inspection was short notice which meant the provider and staff did not know we were coming until shortly before we visited the service. This inspection took place on the 15 & 29 January 2015. At the last inspection on 11th November 2013 the provider met all of the requirements we looked at.

At the time of our inspection the provider also acted in the role of the registered manager. The service provided care and support to predominantly children and young adults with a range of physical and / or learning disabilities across the London area.

From the telephone discussions we had with the relatives of children using the service we found that they were highly satisfied with the way the service worked with their children and they themselves as parents. They were confident about staff at the agency and felt able to discuss anything they wished to and staff were thought to be knowledgeable and skilled. Relatives felt that there was honesty in the way the service communicated with them. However, we found that the registered person had not provided sufficient support for staff by arranging suitable opportunities for staff supervision and appraisal.

Summary of findings

Although overwhelmingly the service cared for children and young people under the age of 18 a small number of young adults were also catered for. The provider had not ensured that policies, procedures and information in relation to the Mental Capacity Act 2005 (MCA) were in place to ensure that people who could not make decisions for themselves were protected. The provider informed us that no one using the service would currently be subject to the MCA. It should be noted that the agency would not have responsibility for making applications under this legislation, but that applications must be made to the Court of Protection. Whether any applications had been made to the Court of Protection and if so, whether the provider was complying with any Court Order.

People who used the service, mostly children and young adults, had a variety of complex support needs and from the nine 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. We found that risk assessments were updated regularly.

During our review of care plans we found that these were tailored to people's unique and individual needs. Communication, methods of providing care and support with the appropriate guidance for each person's needs were in place and regularly reviewed.

We looked at the training records of 14 support workers. We saw that in all cases, mandatory 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 not happening at least annually, and in some cases it had

been two or more years since staff had their performance appraised. We were informed that the service was aware that this was the case and that improvements were necessary, and for staff to have a development plan arising from an appraisal system.

We found that staff respected people's privacy and dignity and worked in ways that demonstrated this. From the conversations we had with people, and records we looked at, which showed us that people's preferences had been recorded and that staff worked well to ensure these preferences were respected, whether they be children or adults.

Records which we viewed showed that people were able to complain and felt confident to do so if needed. People could therefore feel confident that any concerns they had would be listened to.

People who used the service and relatives told us that they provided their views about the quality of the service to the registered manager or other staff. However, the service accepted that they were not doing this with staff, other health and social care professionals and stakeholders. We found that the registered person had not taken steps to regularly assess, monitor and improve the quality of the service.

We recommended that the service seeks advice and guidance from a reputable source about risk assessments, ensure that staff have an increased awareness of the policies, procedures and information in relation to the Mental Capacity Act 2005 (MCA).

There were two breaches of regulations. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 was safe. Any risks associated with people's needs were assessed, updated at regular intervals and at times when changes to care needs were identified.

There was a diligent system in place for ensuring that staff were only permitted to work with children and adults once the necessary background checks had been completed and found to be satisfactory.

Staff had access to the organisational policy and procedure for protection of children and vulnerable adults from abuse. Staff knew how to respond to and report concerns.

Good



Is the service effective?

The service was not always effective. Staff supervision and appraisal systems required improvement to ensure that staff were well supported and their performance and development were assessed.

We found the mandatory training covered core skills and knowledge for staff. The staff data base listed those who had received specific training about specialised care and support needs. Staff effectively responded to people's care and support needs.

Requires Improvement



Is the service caring?

The service was caring. The overwhelming view from people using the service and their relatives was of a service that cared for people.

The service provided care to a number of children with communication difficulties. We saw a clear communication policy that included recommendations on methods that support workers could use during care. This was further backed up by descriptions in care plans about how best to communicate with each person in this situation so they could be as fully engaged with their care as possible.

Good



Is the service responsive?

The service was responsive. The people who were using this service each had a care plan. The care plans covered personal, physical, social and emotional support needs and were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs.

The service received few formal complaints although comments and feedback that people gave were recorded and responded to speedily.

Good



Summary of findings

Is the service well-led?

The service not always well-led. The lack of a broader system for obtaining feedback from staff, health and social care professionals and other stakeholders meant that not as much was being done as required to seek views about the quality of the service.

The provider told us that they sought people's views at least annually and we saw that this had most recently occurred in May 2014. The latest report from this survey showed a high degree of satisfaction with the service that was provided.

Requires Improvement



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 22 and 29 January 2015. This inspection was carried out by one inspector who was supported by an expert by experience who made telephone calls to the parents 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 care service for children with physical and learning disabilities.

Prior to our inspection we looked at notifications of significant events that we had received and communications with people's relatives and other professionals.

During our inspection we spoke with the parents of five children using the service, a local authority care manager, a care worker, and three care co coordinators as well as the head of the care co-ordination team and the registered manager.

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 nine children's care records. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints information and quality monitoring and audit information.

Is the service safe?

Our findings

The relatives we spoke with made positive comments about the service. They told us that the staff were well matched with their family member and able to meet their specific needs. One parent told us, “The service did a very thorough assessment of my [family member’s] needs and were very careful to match the carer accordingly” and another said, “After the initial contact they did a full risk assessment.” No one said they felt that their children were at risk. Any risks associated with people’s needs were assessed, for example the risks associated with people’s physical and medical conditions and their activities, were updated at regular intervals and at times when changes to care needs were identified.

Staff had access to the organisational policy and procedure for protection of children and adults from abuse. As the service provided care and support to children and young people across a number of London boroughs we looked at whether the service knew who to contact if concerns arose and found that they had the information to enable this to occur. We asked staff about how they would recognise any potential signs of abuse. They said that they had training about protecting children and adults from abuse and were able to describe the action they would take if a concern arose. 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 had happened for all staff.

People had continuity of care and were usually supported by the same staff. One relative told us “We had three carers before we settled with our present one but are very happy now” and another said “We are on our third befriender in four years but they have all been very good.” The service had sufficient staff to cover if regular staff were away and the service had a matching system. This ensured staff that were suitably trained to respond to individual’s specific care and support needs were used.

The service had arrangements in place to deal with emergencies, whether they were due to an individual’s needs, staffing shortfalls or other potential emergencies. We were told by staff that they operated an out of hours on call service although calls were infrequent. No one we spoke with told us of any difficulties with having the care staff that their children needed.

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. The provider had a policy and procedure in place and the care co-ordinators were able to talk us through this. This policy covered different types of medicines administration, the procedure for agreement to provide assistance and for maintaining records of medicines administration and / or other levels of support for this to be achieved.

Is the service effective?

Our findings

The relatives we spoke with told us that they thought staff were well trained. One relative told us, “my [family member] can have quite challenging behaviour and the carer manages it very well”, “yes they are well trained” and “They have had training which is essential for my [family member’s] care.” Despite these positive comments we found that staff were not adequately supported through supervision and appraisals of their performance to ensure that they were able to meet people’s needs effectively.

We found that the registered person had not provided sufficient support for staff by arranging suitable opportunities for staff supervision and appraisal. This was in breach of Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a system in place for both individual and group staff supervision. A large number of care staff worked part time and often did no more than a few hours each week and in some cases less frequently. We talked with the manager and care co coordinators about how staff were supported. We were told that staff were contacted regularly by telephone and email if they were not visiting the office frequently. The service acknowledged that staff individual supervision was difficult to arrange. To improve upon this we saw that the service had recently informed all care staff that it was now a mandatory requirement to arrange supervision meetings with the care coordinator manager and this system had recently commenced. We found that staff appraisals were not happening on an annual basis and in some cases it had been two or more years since staff had their performance appraised. We were informed that the service was aware that this was the case and that improvements were necessary, and for staff to have a development plan arising from an appraisal system.

Although overwhelmingly the service cared for children and young people under the age of 18 a small number of young adults were also catered for. The

provider did not have adequate policies, procedures or information available in relation to the Mental Capacity Act 2005 (MCA) to ensure that people’s rights were protected and promoted where they lacked the mental capacity to make specific decisions for themselves. We recommend that the agency obtain further guidance for staff about this legislation.

We spoke with the training manager who explained the system used by the provider for both mandatory and optional training courses. We found the mandatory training covered core skills and knowledge for staff. The staff data base listed those who had received specific training about specialised care and support needs. The training manager told us that if a child or young adult had needs that required specialised training then only staff who had received this would be used to care for the person. In cases where a relief member of staff might be required to cover for the usual care worker’s absence the database listed all staff that could be assigned to cover and had the necessary training and skills to do that safely.

The training manager told us that training was given by suitably experienced staff working at the service, external training providers, local authorities and health and social care professionals. This meant that staff were supported to develop the skills and knowledge required to provide the most appropriate care for people. We looked at the training records of 14 staff. We saw that in all cases, mandatory training had been undertaken and the type of specialised training they required was tailored to the needs of the people they were supporting. The staff training records also listed the dates by which refresher training had to be undertaken and this supported the provider’s aim to ensure that people were only supported by staff with the necessary skills.

One relative told us “It is a very flexible service, which is what we need.” Another said, “We have the humility to be extremely grateful for finding this service.” A local authority manager we spoke with told us that the service was effective and had provided a lot of support to people they had referred to the service.

Is the service effective?

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 and obtained 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 someone received their nutrition, for example via a tube feed, the staff in these cases 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 their relative, parent or guardian. Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific training and guidance to staff about how to support people to manage these conditions.

Is the service caring?

Our findings

The relatives we spoke with were generally very satisfied with the staff. We were told, “The service is really good, the carers are great”, “it is a great service and our carer puts a lot of energy into the time he spends with my [family member], the carer totally understands of the situation” and “brilliant service, they are really good.”

People’s individual care plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided. We found that staff knew about people’s unique heritage and had care plan’s which described what should be done to respect and involve people in maintaining their individuality and beliefs. We were told that 40 different languages were spoken by people using the service, although most had a good command of English also. In the matching process we found that a staff member’s ability to acknowledge and respond to people’s cultural and linguistic needs was carefully considered.

The service provided care to a number of children with communication difficulties. We saw a clear communication

policy that included recommendations on methods that support workers could use during care. This was further backed up by descriptions in care plans about how best to communicate with each person in this situation so they could be as fully engaged with their care as possible.

We looked at the electronic rostering system that was used by the service to assign support workers. We saw that the service respected requests from people and their families about the gender of the support worker assigned where appropriate.

Relatives we spoke with had been involved in decision making as had associated professionals when relevant. We were told how the provider kept people informed of any changes, for example if a usual staff member could not visit and was replaced by someone else.

People's independence was promoted. Some people were allocated staff to support them to take part in activities. As an example we looked at some care plans which specifically related to children being taken out by staff to their favourite activities at weekends or during school holidays. We found that the service placed a lot of emphasis on maximising people’s right to maintain as much autonomy as they could.

Is the service responsive?

Our findings

Everyone we spoke with was confident that any complaints/concerns were dealt with in a timely manner. We were told “They listen to concerns and any issues are sorted out” and “We have had no major complaints but would know who to contact if any arose.” We looked at the complaints record and found that no formal complaints had been made in the last year. The registered manager informed us that people rarely made formal complaints as any issues that arose were responded to quickly before the concern escalated to a formal complaint. This supported what people told us in regard to the confidence they had with communication and action taken by the service.

Most people had been asked for feedback or for surveys to be completed but one person told us “we have had questionnaires in the past but not an awful lot recently.” We discovered that the most recent surveys had been carried out in May 2014 although it was evident from this person’s comments that they may like to be asked for feedback more regularly.

The people who were using this service each had a care plan. We looked at the care plans for 10 of these people. The care plans covered personal, physical, social and emotional support needs. We found that care plans were unique to the person the care plan referred to. The plans

described people’s specific needs and reflected each person’s lifestyle and preferences for how care was provided. Care plans were updated at regular intervals, usually six monthly, to ensure that information remained accurate and reflected each person’s current care and support needs. Care plans were signed by the parent or guardian caring for the child.

We received a mixture views from relatives of children using the service concerning reviews of people’s needs. One relative told us, “We have not had a review for my (relative)” another said, “I think we could do with more reviews, maybe a joint one with other agencies involved in my [family member’s] care” and another commented, “Yes we have yearly reviews.” We explored these comments with the manager and were shown that internally reviews of care were occurring, however, the service had difficulty with local authorities and other agencies attending wider care reviews.

Staff we spoke with talked about people who used the service in a polite and respectful way. They also told us they believed that it was vital for the service to build and maintain positive and open relationships with those they supported and their families. From these conversations we were left with no concern about the attitude of staff towards those who used the service.

Is the service well-led?

Our findings

Nobody we spoke with said that they had contact with a named manager but everyone was confident they could contact the office (particularly naming two members of staff). People told us they felt confident to get in touch with the agency if they needed to discuss anything or to raise concerns or complaints and they felt these would be addressed as soon as possible.

We found that the registered person had not taking steps to regularly assess, monitor and improve the quality of the service. This was in breach of Regulation 10 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us that they sought people's views at least annually and we saw that this had most recently occurred in May 2014. The latest report from this survey showed a high degree of satisfaction with the service that was provided. However, we were told that there was no other formalised system for carrying out recorded surveys, either regularly or at least annually of staff employed, other professionals in contact with the service or stakeholders. Although people who spoke with us felt able to approach

the service with their views we were concerned that a more wide ranging system for seeking feedback which would then feed into a quality audit and action to be taken by the service did not exist.

Apart from the service manager we spoke with three care co-ordinators, a care worker and the head of care. Everyone told us they felt supported and that the "team work well together". We were also told that "there is regular contact with the office and care co –coordinators", "we are constantly in touch with people we support and their families" and "the biggest challenge we face is when local authorities want sudden changes to care packages, it's difficult but we do manage."

There was a clear management structure in place and staff were aware of their roles and responsibilities.

The responsible individual as the provider of the service was also the manager. 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. Staff were employed for specific roles and responsibilities for different areas and were required to report to the provider about the way the service was operating and any challenges or risks to effective operation that arose. Examples of auditing which took place were staff training, recruitment practices, care plan reviews and day to day operation of the service.

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 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the registered person had not provided sufficient support for staff by arranging suitable opportunities for staff supervision and appraisal.

Regulated activity

Regulation

Personal care

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

Regulation 10 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the registered person had not taking steps to regularly assess, monitor and improve the quality of the service.