

Ms Julie Laura Skinner

Special People

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

Special People is a care agency that provides care workers to undertake personal and supportive care for infants, children and young adults with learning or physical disabilities. The main office for Special People is based in North London although they provide care workers across the London boroughs.

This inspection took place on 14 January 2016. At the last inspection on 22 and 29 January 2015 the provider was not meeting all of the requirements we looked at. We had found the service was in breach of 17 (formally regulation 10) in that there was no system in place to ensure that people's views of the service were being sought. We found at this inspection the service had developed a system to seek people's views and we were shown the outcome from feedback the service had received.

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 two relatives of children using the service and health and social care professionals we found that there was usually a good and mostly very high degree of satisfaction with the way the service worked with their children and families. 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.

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, since we recommended this at our previous inspection, ensured that policies, procedures and information in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were in place. This was to ensure that people who could not make decisions for themselves were protected. It should be noted that the agency would not have responsibility for making applications under either of these pieces of legislation; however, they would have responsibility for ensuring that any decision on DoLS and MCA 2005 were complied with.

People who used the service, mostly children and young 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. We found that risk assessments were updated regularly and this included those risks associated with complex care needs.

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 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

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

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.

Staff recruitment was managed safely with all of the necessary background and employment checks being completed.

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.

When staff needed to assist people with taking medicines they were trained to do this safely.

Good 

Is the service effective?

The service was effective. Staff supervision and appraisal systems had improved which helped to ensure that staff were well supported and their performance and development were assessed.

Staff training was comprehensive and covered common subjects, for example safeguarding people, as well as specialised training relating to complex conditions which people using the service may experience.

There was improved information and guidance for staff about the Mental Capacity Act 2005 (MCA).

Staff effectively responded to people's care and support needs, including needs associated with complex physical health conditions and disabilities.

Good 

Is the service caring?

The service was caring. The views of people we had contact with showed that the impression people had was of a service which employed caring dedicated staff.

The service provided care to a number of children and young adults with communication difficulties. We saw a

Good 

communication policy that included recommendations on methods that support workers could use. This was further backed up by descriptions in care plans about how best to communicate with each person.

Is the service responsive?

The service was responsive. The people who were using this service each had a care plan. The plans described people's specific needs and reflected each person's lifestyle and preferences for how care was provided.

The care plans covered personal, physical, social and emotional support needs. These were updated at regular intervals to ensure that information remained accurate and reflected each person's current and changing support needs.

Good ●

Is the service well-led?

The service was well-led. A system for obtaining feedback from staff, health and social care professionals and other stakeholders had been established. This meant that more was being done to seek views about the quality of the service.

Communication between support workers and office based staff was regular and positively benefitted how the service operated.

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 a visit to the agency on 14 January 2016. This inspection was carried out by two inspectors, one of whom contacted and spoke with care workers.

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

As a part of our inspection we contacted eight people, or their relatives, to ask for their views about the service, and received two replies. We also received feedback from a local authority care manager, another childcare organisation who uses the service, six care workers, the human resources manager, a care co-ordinator 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 twelve children and young adults 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 who contacted us believed the service was safe and that the agency had been professional in vetting staff so they could safely care for their relative.

The service operated 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 references were checked by the human resources officer who contacted referees to discuss the reference provided.

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 found that the service did have this information. We noted that no concern about abuse had arisen since our previous inspection.

Staff we spoke with all told us 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 was happening for all staff.

People had continuity of care and were usually supported by the same staff. A relative told us there had been a delay when their previous support worker left but that the service had responded and now they had a worker allocated. Staff were assigned to specific families and if a replacement was needed the service only used replacement staff who had all of the necessary training to safely provide the care required.

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 for medicines in place and a care co-ordinator was 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

A relative who contacted us said that "They (the agency) have been involved with my (relative) and myself for many years and have been professional and effective at all times."

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 lead care co coordinator 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. At our previous inspection we found that the service had acknowledged that staff individual supervision was difficult to arrange but the system that was being introduced at that time had been established and staff supervision was happening at least quarterly. We found that staff appraisals were happening on an annual basis

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. At our previous inspection we had recommended that the provider update policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found that this had been achieved. It should be noted that the agency would not have responsibility for making applications under either of these pieces of legislation; however, they would have responsibility for ensuring that any decision on the MCA 2005 were complied with. Care staff we spoke with demonstrated a better understanding of these areas and records showed that training was being provided.

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.

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 (PEG) 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 who contacted us believed that staff were caring and respectful, one saying "all the staff I have dealt with are caring and respectful." This was the same view of the health and social care professionals we spoke with.

Care and office based staff we spoke with all described the work that they do with people, and in particular the children and young adults they work with, in caring and compassionate terms.

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 were provided with information 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 people had a good command of English also.

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 to maximise people's involvement in how they were supported.

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.

When we looked at care plans we found evidence that people, and their relatives, had been involved in decision making as had associated health and social care professionals when relevant.

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 for activities or providing support at home to enable their parents to have a break. We found that the service continued to place emphasis on maximising people's right to maintain as much autonomy as they could.

Is the service responsive?

Our findings

A relative who contacted us said "I am extremely satisfied with the Special People Agency." The views of other health and social care professionals who contacted us reflected a general view that the service was effective in the care service provided.

The children and young adults who were using this service each had a care plan. We looked at the care plans for 12 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.

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.

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. Where care needs changed or where parents requested alterations to how care was provided, we found that the agency was responsive to these needs. For example we looked at a care plan where a child whose night time routines were discussed to assist having a restful night and this request was responded to. Care plans were agreed to and signed by the parent or guardian caring for the child.

The provider's complaints policy had been most recently updated in August 2015. We looked at the complaints record and found that no complaints had been made in the last twelve months. The manager informed us that the focus of positive communication and relationship building with people meant that any queries raised were quickly dealt with and this resulted in people not feeling the need to raise formal complaints.

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 important for the service to build and maintain positive and open relationships with those they supported and their families. From these conversations we were confident that the service listened and responded to people's needs.

Is the service well-led?

Our findings

The relatives and health and social care professionals who contacted us felt confident to get in touch with the agency if they needed to discuss anything and felt these would be addressed as soon as possible.

At our previous inspection we had found that the provider was in breach of regulation 17 (formally regulation 10) in that there was no system in place to ensure that people's views of the service were being sought. This had now been rectified and a system for obtaining and publishing feedback had been established. The most recent satisfaction survey results, in which 21 out of 56 clients returned their questionnaire showed a good or very high level of satisfaction with the service. This had fed into a development plan for improvement in 2016 which the service had produced in December 2015.

Apart from the service manager we spoke with the head of care, the HR manager and six care workers. They all knew how and who to contact within the service and what roles people had. Care staff were able to tell us what they would do in particular situations, for example if something had occurred that was of concern. We were also told that the service was well managed and that the agency provided a high degree of support for staff.

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. We had not received negative feedback or been notified of any concern about the effectiveness of this system. We found that it was well understood by staff and the service had the capacity to respond to out of hours calls that may be made.

Staff had 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.

There was a clear management structure in place. 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. For example, changes to staffing requirements for people using the service or anything that may potentially interrupt effective service delivery.