

Special Needs Care Limited

Special Needs Care Limited

Inspection report

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06 March 2019

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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 Needs Care Limited is a supported living service which is registered to provide personal care for people with learning disabilities who live in their own homes within the local community. Support in everyday activities can be provided, which helps people to live as independently as possible. The service was providing personal care to approximately 80 people at the time of the inspection.

People's experience of using this service:

People received safe and effective care from staff that were caring and focussed on upholding the rights of the people they supported. Care plans were person centred and covered all aspects of people's lives, needs, preferences and daily routines. People's needs had been fully assessed prior to the service providing support. Staff had a detailed knowledge of the people they supported and had developed positive relationships with them.

Safe recruitment practices were in place ensuring that vulnerable people were supported by suitable staff. Staff received training relevant to the needs of the people supported ensuring that support was effective. Sufficient staff were employed to meet the needs of the people supported and these were regularly reviewed. Staff were supported through regular supervision and team meetings.

Risks that people faced in the support they received and from their wider living environment were recognised and mitigated. People were protected from abuse through staff training and robust policies and procedures.

Medicines were safely managed. Where any errors had been identified, swift action was taken to ensure that people's health was not harmed and staff competency was in place. The registered provider had systems in place to enable people being supported were not at risk of infection.

People were supported by staff who were very familiar with their needs. People were encouraged to use appropriate methods of communication so that they could make their needs known. People spoke positively about the staff and others who had limited communication responded to staff and appeared comfortable with them. Care plans sought to maximise people's independence in their lives.

People were supported to pursue their chosen activities both within their homes and in the wider community. Appropriate support was provided for this.

People who used the service received support that was well organised and subject to checks to ensure that the quality of support met people's needs.

The service met characteristics of Good in all areas, more information is in the full report.
Rating at last inspection: Good (report published 10 August 2016).

Why we inspected: We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.
Details are in our Well-Led findings below.

Good ●

Special Needs Care Limited

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

Special Needs Care is a domiciliary care agency providing support predominantly to people with learning disabilities living in their own home or within supported living schemes. The service provides support to people mainly in the Chester, Ellesmere Port and surrounding areas in Cheshire. There were approximately 80 people being supported with their personal care by the service during our visit.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 24 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 28th February 2019 and ended on 6 March 2019. We visited the office location on 28 February and 5 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We visited people who used the service in their own homes, with their permission on the 6 March 2019.

What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local

authority commissioners and safeguarding team and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with nine people who used the service. The nature of the disability of some people was such that it was not always possible to gain direct views about their experiences of the support provided. In those instances, we used observations of their interactions with the staff team and the non-verbal communication they relayed in order to assess how comfortable they were with the staff team. Other people were able to give direct accounts of their experiences.

We also spoke with the registered manager, registered provider, quality assurance manager, three senior managers and eight members of staff. We looked at eight people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, five recruitment files and a training matrix for all staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedure in place that staff told us they were familiar with.
- Staff had all undertaken safeguarding training, completed regular refresher updates and were familiar with the safeguarding procedures in place within the service. Staff felt confident about the ways they could report concerns and were confident that the management team would act upon any concerns.
- The registered provider had clear systems in place to report any care concerns that did not meet the threshold for a more formal investigation. Clear guidelines were in place to enable these to be identified and reported.
- People who were able to speak with us confirmed that they felt safe with the staff team and had no concerns about being supported by them.
- People who could not communicate their views appeared comfortable and at ease with the staff team and approached staff when they needed assistance.

Assessing risk, safety monitoring and management

- The hazards faced by people in their own environment were identified and regularly reviewed to keep them safe.
- Regular safety checks were carried out on people's home environment.
- Risks to the health and safety of people and the staff that supported them had been assessed and mitigated.
- Risk assessments were regularly reviewed and included up-to-date information for staff to follow.
- There were clear business continuity plans in place to ensure continued support for people in the event of an emergency.

Staffing and recruitment

- Staffing rotas were in place indicating the level of support provided to people in their own homes.
- Staff indicated that there were always enough staff available to provide a safe and effective level of support. People who were able to talk with us told us that staff were always available to support them.
- Our visits to people's homes confirmed that sufficient staff were available to support people.
- Staffing levels were being reviewed at one address to ensure that the high dependency needs of people could be met at key times of the day.
- The registered provider had employed staff from a previous provider following a takeover of some support packages. The registered provider was undertaking checks to ensure that the recruitment of these staff was in line with their own recruitment standards.
- New staff had their suitability to work with vulnerable people checked. This was done through obtaining references and conducting disclosure checks (known as DBS).

- The caring values of staff was assessed during the interview process with scoring in place to assess their suitability to support people.
- Newer staff told us that the recruitment process had been fair and thorough.

Using medicines safely

- Staff and training records confirmed that staff had received medication training and that their competency to do so safely had been assessed.
- Clear guidelines were in place to enable staff to perform this role safely.
- Care plans outlined clear person-centred guidance for the successful administration of medicines to take place in order to promote people's health.
- Other agencies such as district nurses were involved in assisting with medication administration where people relied on medical devices.
- People who were able speak with us told us "I always get my tablets" and "I can manage my own tablets with staff help".

Preventing and controlling infection

- Staff had received training in infection control.
- Audits were in place for the manager to follow to ensure that people's homes were kept hygienic and free of infection. These were carried out regularly.
- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. Staff confirmed they had access to sufficient stocks of these.
- Care plans outlined the PPE staff should use in supporting people with personal care.

Learning lessons when things go wrong

- The registered provider had systems in place whereby any accidents or incident were recorded and reported.
- The registered manager reviewed all accident and incident records to identify any patterns to prevent or mitigate future re-occurrence.
- Where medication errors had occurred; these were recorded and reported as needed. Medical advice was sought on each occasion to make sure that people's health was not adversely affected.
- Where medication errors had occurred; staff were required to undergo an examination of their practice so that their competency ensured continued safe practice.

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

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

- Systems were in place to assess and regularly review people's needs and wishes in line with legislation and best practice.
- People, their relatives and health care professionals had been involved in the assessment and planning of people's care before they received support from the service.
- Care plans reflected people's personal choices and preferences and included clear guidance for staff to follow.

Staff support: induction, training, skills and experience

- Staff confirmed that they receive regular training. These covered mandatory health and safety topics as well as those topics which were linked to the needs of people such as epilepsy or dementia awareness. Staff told us that training ensured that they were able to meet people's needs.
- A training matrix was in place which outlined training received and those people who required refresher training. The registered provider employed a training officer who demonstrated a thorough knowledge of good practice and new developments in supporting people with a learning disability.
- All staff had completed a full induction at the start of their employment and had undertaken training and regular refresher updates to meet the requirements of their role and people's needs.
- Staff demonstrated a good level of knowledge of the needs of people they supported and demonstrated a commitment to upholding their rights.
- Staff received an appropriate level of support for their role through supervision and appraisal.
- People who were able to spoke positively about the staff. Their comments included "they [staff] are good and help me" and "they [staff] are very good to me".
- Other people who could not verbally communicate appeared comfortable with the staff team and used staff as a point of reference. Staff responded to people's non-verbal requests at all times.

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

- The food preferences of people were recorded in care plans as well as any special diets that they were on. Care plans also included the level of support people needed to eat.
- Where people relied on medical devices to receive nutrition, staff had received appropriate training and were competent in this. Clear guidelines were in place for staff in these instances to ensure that people received nutrition in a timely manner.
- People who were able, told us that they were happy with the food they received and could decide what food they wanted. They told us that they could assist in the preparation of meals and were provided support with shopping.

- People were offered regular drinks. Consideration was made by staff to ensure that this was done safely where people had additional physical needs.
- Staff had received training in food hygiene.

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

- Staff worked closely with other agencies to ensure people were supported appropriately. People who had medical devices were supported by district nurses to receive medication and this was done in a timely manner.
- Staff worked with other agencies such as social workers, people and their families to ensure that their support was effective.
- The health needs of people were clearly outlined in care plans. Care plans demonstrated that people received regular assistance from health professionals to address any health needs they had, as well as receiving general check-ups.
- Patient passports were available which included essential information to be shared with other healthcare professionals about the way that person liked to be supported.
- People who were able to, told us that they were keeping well but were able to access doctors and other health professionals when needed.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People living in their homes can only be deprived of their liberty through a Court of Protection order. At the time of our inspection records indicated one person was receiving support subject to any restrictions under Court of Protection.
- The management and staff had completed training in the MCA and had a good understanding of the principles of the legislation.
- People had had their capacity to make decisions assessed.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff had received training in equality and diversity.
- Staff demonstrated a commitment to ensuring that the people they supported had access to opportunities and that their human rights were upheld.
- The spiritual or cultural needs of people were outlined in care plans and assessments.
- People were treated with kindness and respect by staff. People told us "they [staff] are great" and "they [staff] look after me".
- People who could not verbally communicate appeared comfortable with the staff team and always approached them when they needed assistance.
- People told us that staff were aware of their preferences. Staff in turn were able to demonstrate the individual preferences, like and dislikes of people they supported.

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

- The communication needs of people were taken into account by the service.
- Some people we met used non-verbal communication to express their needs. They were able to make their needs known and staff understood what they wanted. Communication tools such as sign language or communication boards were used to enable people to express their needs and preferences. Staff responded well to the wishes of people who used the service.
- People told us that they were able to make decisions about their lives and that these choices were respected by staff.

Respecting and promoting people's privacy, dignity and independence

- People who were able to, told us "they [staff] let me have my privacy. I prefer to stay in my room and they respect this" and "they [staff] treat me kindly".
- Staff treated all people with dignity and respect.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People's independence was respected and promoted. Care plans indicated the level of independence that people had and how they could remain independent in accessing the local community, during personal care support and eating.
- People were consistently offered choice and had control over their daily lives. One person outlined how they had wanted to purchase furniture for their bedroom in their own home and how staff had positively assisted them to do this.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person-centred and held sufficient information and guidance for staff to be able to meet people's preferred needs. Care plans were up to date and reviewed regularly.
- Each person had a one-page profile that described their likes and dislikes, things of importance and how they wanted to be supported.
- Care plans were presented in a format which contained pictures and photographs of individuals so that they could best identify with the information.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in appropriate formats as required.
- Care plans included details on the preferred method people used to communicate their wishes. This information gave details on how staff should approach people and look out for key words and phrases that indicated what people wanted or how they were feeling.
- People had access to a range of activities within their own homes and in the local community. People either pursued activities in the local community on their own or with support.
- People were able to pursue activities which were in line with their own preferred choices.

Improving care quality in response to complaints or concerns

- The registered provider had a clear complaints procedure for people to use if they had concerns.
- A complaints procedure had been devised in alternative formats appropriate to people's communication needs.
- Any complaints received were investigated and responded to in a timely manner.

End of life care and support

- No-one was receiving end of life care at the time of our visit.
- The registered manager outlined two instances where people had reached the end of their lives during the past year and how the person and their families wishes had been respected during this time.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and management team demonstrated a clear commitment to ensure that the rights of people they supported were upheld and promoted.
- This ethos was also demonstrated by the staff team whose practice ensured people had meaningful choice and were provided with new opportunities and experiences in their lives.
- Staff felt fully supported by the registered manager and the management team. They considered them to be supportive and approachable and felt that the service was run with the interests of people in mind.
- There was an emphasis on providing good quality and consistent support that put the needs, wishes and preferences of people first.
- The management team were open and transparent and sought to promote good practice as well as recognise when lessons needed to be learnt.
- People who were able to, told us that they were happy with the approach of the staff team and "they [staff] are very kind" and "they look after me well".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had been in post for a number of years and was fully aware of the needs of individuals who used the service and their aspirations.
- The registered manager was clear about their role and responsibilities as a registered person and always informed CQC of any events that adversely affected the people who were supported by the service.
- The registered provider had ensured that the ratings from our previous visit was displayed and available. This demonstrated a transparent approach in line with regulations.
- Staff were clear about their responsibilities and reported any concerns, errors or changes to management without delay.
- Quality assurance systems and processes were in place; people received safe, effective and high-quality care from a staff team very familiar with their needs.
- Policies and procedures to promote safe, effective care to people were available at the service. These documents were regularly updated to ensure that staff had access to best practice guidelines and up-to-date information for their role.
- Staff demonstrated the need to keep up with new initiatives and current good practice to enable effective support of people.

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

- Observations of practice found that people were fully involved in the support they received. People were actively encouraged to express choices and the communication needs of people were fully taken into account by staff.
- There were clear processes in place to obtain the views and opinions of people, relatives and staff about the service. This information was used for future service development.

Continuous learning and improving care

- The registered manager, management team and staff had all received training for their roles and undertook regular refresher updates to ensure their practice remained up-to-date and in line with people's needs.
- There were systems in place for learning from feedback raised by people and their relatives.
- People's care records and medicine administration records, for example, were reviewed and updated on a regular basis. Appropriate action had been taken to address any issues identified.
- Regular audits were undertaken across all areas of the service. Areas for development and improvement were identified and actions taken to address these promptly.

Working in partnership with others

- The service had recently started to support some people who had come from another provider. The registered manager had worked closely with the local authority within a strict timescale in order to provide support to these individuals with a view to cause as little disruption as possible.
- The transition to the service for people had been successful and had caused as little disruption to their lives as possible. This was because of careful planning that had been undertaken by the management team in conjunction with other agencies.
- The staff team worked closely with other health professionals to ensure that the health needs of people were met. Other agencies were contacted to explore employment opportunities for people.