

The Human Support Group Limited

Human Support Group Limited - Gateshead, Callendar Court

Inspection report

Callendar Court
Beacon Lough Estate, Cranesville,
Gateshead
NE9 6RR

Tel: 01913898929

Date of inspection visit:
04 November 2019
07 November 2019
11 November 2019

Date of publication:
20 December 2019

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

Human Support Group Limited - Gateshead, Callendar Court is a domiciliary care agency providing personal care and support to people living in their own flats within one large adapted building. Not everyone living at Callendar Court received personal care. CQC only inspects where people receive personal care. This is help and with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 33 people were receiving personal care.

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

People felt safe living at the service and spoke highly of staff and the management team. Staff were kind, caring and respectful with people.

Since our last inspection the registered manager and regional director had worked hard to improve the service. They had looked at opportunities to improve every aspect of the service and were committed to improving the service further.

There was enough staff available to support people with their allocated visits and that staff were available in an emergency situation. Staff told us that they felt the staffing levels were appropriate to meet the needs of people. People told us that staff took their time and chatted whilst delivering personal care.

The service worked in partnership with other agencies to support people to attend activities within Callendar Court and within the local community. People were encouraged to remain as independent as possible by staff.

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

Care plans were person centred and were developed from in depth initial assessments of people's needs. People had regular reviews of their care needs and referrals were made to other healthcare professionals. Care plans included advice and guidance from other agencies.

Medicines were safely managed, regularly reviewed and staff received competency checks to make sure they could safely administer medicines. Risks to people were identified and actions put in place for staff to follow to mitigate risks.

The registered manager provided support to staff via team meetings, regular supervisions and appraisals. Staff received an induction from the provider and regular refresher training.

The quality and assurance systems in place had been improved since our last inspection and the registered

manager was able to continuously improve the quality of care provided due to this.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 May 2019) and there were multiple breaches of the regulations. At this inspection the registered manager and regional director had taken robust action to improve.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the service had made sustained improvements and addressed the issues identified at the last inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. We will re-visit the service in line with our 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 safe.

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.

Human Support Group Limited - Gateshead, Callendar Court

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

This inspection was carried out by two inspectors, two assistant inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and regional director.

We reviewed a range of records. This included three people's care records and five people's medication records. We looked at three 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.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Records for medicine administration were accurately documented and entries were second checked by care staff in line with the providers policy. Three of the people we visited did not have accurate care plans available in their properties. However, staff did have access to accurate information on the handheld devices.
- The registered manager and regional director had a comprehensive audit system for medicines. The first month's audits had highlighted areas for improvement and this had been shared with staff. One staff member told us, "I think the medication has really improved."
- Staff received regular competency checks to make sure they were administering medicines safely. One person said, "Staff give me my tablets and oramorph every day. They do a good job."

We have made a recommendation that the service reviews medicines care plan information stored in people's properties to ensure it is accurate and up to date.

Systems and processes to safeguard people from the risk of abuse

- Policy and procedures were in place around safeguarding vulnerable adults. These were available to staff, people and relatives.
- Staff could tell us what action they would take if they identified any form of abuse.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People had personalised risk assessments in place for staff to follow to help keep them safe. These included risks relating to falls and choking. One person commented, "Yes I do feel safe. They are here when I need them. If I fall, they pick me up because my alarm goes off."
- Staff regularly reviewed risks people faced and updated care plans to reflect any changes.
- Risk assessments also included environmental risks, for example for staff using chemicals within people's homes. Staff had access to gloves and aprons to mitigate the risk of infection. A member of staff told us, "I feel people are safe."
- There was an infection control policy in place and staff had received training around this.

Staffing and recruitment

- There was enough staff to safely support people in line with their assessed needs. Support needs were

reviewed regularly to make sure people had the correct length and number of visits. One person said, "There are sufficient staff who visit."

- Staff recruitment was safe, and records showed all staff had pre-employment checks to make sure they were suitable for the role.

Learning lessons when things go wrong

- The registered manager investigated all incidents and outcomes from these were detailed and included follow up actions.

- Lessons learned from investigations were shared with staff, people and other health and social care professionals.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received appropriate training for their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 18.

- Staff received regular training to make sure they had the correct skills and knowledge for their role. New staff received a comprehensive induction from the provider. One staff member told us, "Training is a constant thing, we have an online portal."
- Staff received regular supervisions and appraisals.

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

At our last inspection the provider had failed to ensure people received an assessment of their needs to allow for person centred care to be delivered. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 9.

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.

We checked whether the service was working within the principles of the MCA.

- Staff provided support to people in line with current national best practice standards and guidance, for example the National Institute for Clinical Excellence guidance and MCA.

- People consented to their care and were involved in their care planning and reviews. One person commented, "I have a care plan and was part of the decision-making process."
- People had assessments completed of their needs before staff provided support. Assessments included physical, emotional and social needs. Reviews of people's needs were clearly documented and updates to people's care plans reflected changes in need. One member of staff said, "If anything changes for people the care plans will automatically change."

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

- Some people were supported with meals and were encouraged to make choices of what they ate and drank.
- Some people had special diets, for example low calorie and soft diets, and staff supported people with appropriate choices and followed healthcare professional's advice.

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

- Care records showed involvement from other healthcare professionals and guidance from these was incorporated into people's care plans.
- Staff told us that they referred people to other professionals, for example the GP, when people needed to be reviewed.
- Staff supported people to access the local hospital, dentist and GP.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People told us that staff were kind, supportive and caring. One person said, "Staff are lovely. They are good listeners and they always do what they can. I get a feeling of confidence in staff. It boosts you."
- Equality and diversity policies were in place at the service to make sure everyone was treated as an individual. Staff had received training around respecting equality and diversity. One new member of staff told us, "I haven't been to somewhere that has such a cross section of people and diverse personalities."
- Staff we spoke to genuinely cared for the people they were supporting.

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

- Care plans were individual, and person centred. Care plans were created from choices made by people about their care. One person told us, "I have a care plan which we discussed, and I agree with what's in it."
- People accessed advocacy services with the support of staff. Information was available to everyone to about these services and available in easy read format. Advocacy services support people to express their views and choices relating to their own individual care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their independence within the local community and at home. One person told us that staff supported them to prepare their meals and encouraged them to move around their home to keep them mobile.
- Privacy and dignity was respected by staff. During the inspection we observed staff knocking and ringing people's door bells before entering people's homes. Staff told us that they always closed curtains and doors whilst supporting people with personal care.

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 requires improvement. At this inspection this key question has now improved to good. 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

- Initial assessments were now in place for people and these included people's social, emotional and physical needs. People had regular reviews of their needs to make sure they received the correct level of support.
- Care records showed people had discussions with staff about what care they would like, and people's choices were recorded clearly. One person commented, "I was assessed before I came here 2 years ago. It was agreed how many visits each day I would get, and I was pleased with it."
- Care plans now incorporated people's choices and needs; plans were detailed and could easily be followed.

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.

- People's communication needs were assessed as part of their initial assessments. Staff understood AIS.
- Care plans focused around people's communication needs and if people required additional support, for example large font or speaking directly facing the person, these were clearly recorded.

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 were supported to access the local community by staff and with partnership organisations.
- The service had a communal café and lounge area which people could access. Staff told us that people enjoyed the social aspect of the communal café. One staff member told us, "It (the service) has a community feel to it as well, there's opportunity to for people to meet people and mingle."

Improving care quality in response to complaints or concerns

- Complaints were investigated in line with the provider's complaints policy. People, staff and visitors could access the policy, and this was also available in easy read or larger font.

People we spoke to were happy about how the service had improved since the last inspection. One person commented, "I have never had a reason to complain. I'm very happy with the service."

- The registered manager thoroughly investigated all complaints and shared outcomes with people, staff and relatives. Lessons learned from complaints were used to improve the service provided to people.

End of life care and support

- At the time of inspection no one was receiving support with end of life care. Staff had received training around delivering support to people at the end of their lives.
- Care records detailed conversations people had with staff about their final wishes.

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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have sufficient oversight of the service and the quality and assurance systems in place were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 17.

- The registered manager was fully aware of their legal responsibilities. They reported all safeguarding concerns to the local authority and notified us of incidents and concerns.
- Since our last inspection the quality and assurance systems in place had been greatly improved and were effective. Regular audits were completed and the outcomes from these were used to improve the overall quality of care and create opportunities for improvement.
- Action plans were in place to improve the overall service and these were created from the quality and assurance system, feedback and lessons learned from incidents.
- People told us that management team were visible and approachable. One person said, "The Manager is lovely and does a good job."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had improved staff culture within the service and this had a positive effect of people using the service. One staff member said, "The teams is great we've really gelled together."
- People told us that staff were friendly, met their needs and were approachable. A person commented, "Staff do listen. They keep their ears open for signs that I may need to talk."
- People, relatives and staff were asked for their feedback about the service. The results from the most recent survey were going to be used as a way to assist the staff improve the service further. One person told us, "I've had a few surveys to fill in 4 or 5 since this organisation took over. They just want to make sure they get it right."
- Staff provided feedback about the service during supervisions and team meetings.

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

- If things did go wrong apologies were provided to people, relatives and staff, and lessons were learned to prevent similar incidents reoccurring.

Working in partnership with others

- Care records showed involvement from other healthcare agencies. People told us staff supported them when other professionals visited them. One said, "On occasions, I have needed emergency visits and the girls have contacted the surgery for me."