

The Human Support Group Limited

Human Support Group Limited - Heald Farm Court

Inspection report

28 Sturgess Street
Newton-le-willows
WA12 9HN

Date of inspection visit:

20 January 2020

31 January 2020

05 February 2020

07 February 2020

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06 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heald Farm Court is based within the community of Newton le Willows. People using the service live in their own apartments within this extra care setting. The service supported 16 people at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We have made two recommendations in relation to considering best practice guidance on staff training and taking action to update their best practice and in relation to the management of concerns and complaints.

People's visits were planned to take place at specific times. However, some people found that not all of their visits took place at the arranged time. People had a care plan that detailed their needs and wishes around their support.

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 did support this practice.

People told us that the majority of staff were caring and respected their privacy and dignity. Their comments included "Always a friendly approach", "All really good at caring" and, "Good and warm people."

People felt safe using the service and procedures were in place to protect people from the risk of abuse. Procedures were in place for the management of medicines. Safe recruitment practices were followed. Infection control procedures were in place to minimise the risk of the spread of infection.

People's needs and choices were assessed prior to receiving support from the service. People received care and support from experienced staff. People were supported with their dietary needs when required as part of their care plan.

People were supported by staff who knew them well and were aware of who to speak to if they were not happy about the service they had received.

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

We have identified breaches in relation to Regulation 17 (Good Governance) (Regulated Activities) Health and Social Care Act 2014 as the provider had failed to ensure that effective systems were in place to monitor the safety and quality of care provided at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Human Support Group Limited - Heald Farm 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 one inspector.

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 bought or 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 and support service.

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 on the first day and announced on the second day. The third and fourth days were pre arranged visits to people in their homes. The inspection started on the 20 January 2020 and finished on the 7 February 2020.

What we did before the inspection

We reviewed all of the information we had received about the service prior to this inspection. We sought

feedback from the local authority who work with and commissioned the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person by telephone and visited six people in their home. We spoke to two family members, four staff, the registered manager and the area manager for the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data records and information relating to the overall management of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The systems for recording information had not always been effective in identifying potential safeguarding concerns. This meant that areas of concern may not have been responded to appropriately. The registered manager took action to address this.
- Safeguarding procedures were in place and available to all staff. During the inspection a safeguarding concern was raised which was dealt with appropriately by the registered manager.
- Staff spoken with knew how to refer any concerns they had about people's safety and how to use the provider's whistleblowing procedures.
- People told us they felt safe using the service.

Staffing and recruitment

- People's visits were scheduled electronically in line with their care plan and staff accessed these schedules via a mobile phone.
- A number of people told us that staff always arrived on time for their visits. However, other people did not receive their care and support at the planned time. One person told us that once their visits were scheduled a small number of staff changed the times of the visits and did not arrive when they should. Other people told us that they also had not received their calls as planned. We discussed this with the registered manager who stated they would review the situation.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.

Assessing risk, safety monitoring and management

- Staff had access to policies and procedures in relation to health and safety and had received training in this area.
- Identified risks to people were considered in the planning of their care and where possible reduced.
- Risks to people were reviewed as part of the care plan reviewing process.

Using medicines safely

- Procedures were in place and available to staff for the safe management of medicines.
- Staff responsible for managing people's medicines had completed training in this area and followed safe procedures.
- People received support with their medicines when needed.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had access to relevant procedures personal and protective equipment that promoted the prevention and spread of infection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Training records showed staff had completed an induction into their role when they commenced employment.
- Training records showed that some staff had not completed all of their refresher training within its planned scheduled time. For example, safeguarding training.

We recommend the provider considers current guidance and their procedures on staff training and take action to update their practice accordingly.

- People's comments included "There are some "Really, really good staff" and "The night girls are brilliant."
- Staff received support and guidance from their manager. A programme of supervisions was in place to enable staff to discuss their role on a one to one basis.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met by the service.
- Where required, housing services, social workers and health care professionals were involved in the assessment process.
- Regular reviews of people's care and support were planned to ensure that the service was aware of any changes to their needs. People told us that they and their family members took part in these reviews.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff with food and drink preparation when required as part of their planned care. One person told us "I tell them [staff] what I want to eat" and another person told us, staff "Fill a flask up for me in the night."
- Advice from healthcare professionals in relation to specific health conditions were obtained when required and recorded in people's care plans.
- People received support from staff to plan and access healthcare services. For example, staff liaised with local GP practices and pharmacists to support people with making appointments and arranging for prescriptions to be delivered.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of this inspection none of the people receiving a service had any authorisations or judgements in place to deprive them of their liberty.

- Policies and procedures were in place to offer guidance and information to staff in relation to the Mental Capacity Act.
- People were supported by staff who had received training in the Mental Capacity Act.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People had mixed views about the support they received. People told us of negative experiences from the attitude and approach of a small number of staff. One person told us "Do staff understand the impact of what staff say to people." We discussed people's experiences with the registered manager who made arrangements to address the concerns raised.
- However, people were extremely complimentary about the majority of the staff who supported them. Their comments included "I love seeing them", "My angels" and, "Always a friendly approach."
- During interactions, staff were respectful of people and it was evident that positive relationships had been formed. Comments from people included "We get on well together."
- People's needs and wishes were known and documented in care plans, including any characteristics under the Equality Act 2010

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

- People had the opportunity to take part in reviewing their plan of care. We saw a senior member of staff making changes to people's planned care at their request. However, people told us that their requested changes were not always delivered. Following the inspection, the registered manager implemented a 'drop-in surgery' to take place on a regular basis to enable people to meet and discuss their care and support.
- Family members confirmed they had been involved in supporting their relative to make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us that the majority of staff treated them with dignity and respect. Their comments included "Treat me with respect, if they didn't I'd tell them" and "Understanding and caring."
- People told us that staff maintained their privacy during visits.
- Staff were seen to offer encouragement and support to enable people to build their independence and maintain their mobility.
- People's personal records maintained at the office were stored in locked cabinets. Electronic records were password protected to ensure the security of the information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaints procedures which were available in different formats if required.
- People knew who to speak to if they were unhappy about the service they received. Their comments included "I would speak to the manager or the local social services department if I had a concern" and, "I know how to raise concerns."
- A system was in place to record and monitor any complaints received about the service. However, a family member told us that they had made a complaint previously and had not received a response. We raised this with the registered manager who told they would investigate this.

We recommend the provider considers current guidance and best practice in relation to the management of concerns and complaints take action to update their practice accordingly.

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

- People received support from a regular team of staff who knew them well..
- People's identified needs had been planned for and were recorded in their care plans. People had access to their written care plan. Staff recorded the care and support people had been offered and received electronically.
- People's care plans contained information and guidance for staff to be able to deliver the care and support people needed. Records demonstrated that care plans were reviewed on a regular basis.

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 sensory needs were recorded in their care plans.
- People were supported by staff who understood their communication needs.
- The provider had access to facilities to provide written documentation in different formats to meet people's needs and wishes.

End of life care and support

- People had the opportunity to have any specific wishes in relation to end of life care recorded in their care plan.

- At the time of this inspection nobody using the service was in receipt of end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems were in place for monitoring the quality and safety of the service. However, the systems in use had not always identified or actioned areas of improvement needed. For example, in relation to the recording of incidents that had occurred within the service; the monitoring of the times people actually received their visits from staff; outstanding areas of training for staff and a lack of recording and responses to complaints.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was receptive to the issues raised during the inspection and demonstrated a commitment to make improvements to the service.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service.

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

- The registered manager understood their responsibilities in responding to people under the duty of candour following incidents and when things had gone wrong.
- Staff had access to guidance developed by professional organisations. For example, the National Institute for Care and Health Excellence (NICE).

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

- Arrangements were in place to engage and involve people using the service. For example, people had been asked to complete a survey about the care and support they received. The results of this survey was in the process of being reviewed.
- People were invited to attend regular joint meetings with representatives from the service and the housing services responsible for their accommodation.
- Staff followed advice and worked in partnership with others such as health care professionals to ensure the best possible outcomes for people.

- Policies and procedures that considered equality characteristics to promote safe, effective care for people were available.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider had developed an action plan to make improvements to the service.
- Staff worked alongside healthcare professionals; local authority commissioners and housing services to support people with their care and support.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not utilised or robust enough to demonstrate how the provider effectively monitors the quality of the support provided.