

The Human Support Group Limited

# Human Support Group Limited - Foundry Wharf

## Inspection report

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Date of inspection visit:  
27 July 2022  
02 August 2022  
19 August 2022

Date of publication:  
23 November 2022

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Human Support Group Limited – Foundry Wharf provides personal care and support for up to 130 people living in one or two bedroom flats located close to St Helen's town centre. The service provides support to people over the age of 55. At the time of our inspection there were 48 people using the service.

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

Improvements were needed by the provider to monitor the quality and performance of the service and ensure best practice in relation rota management and staff deployment were followed.

People received their medicines when needed. Risk to people were identified and where possible minimised. Safe recruitment procedures were in place. Systems were in place for infection prevention and control.

People had access to health care professionals and were supported by staff to make appointments. Where required, people were supported and encouraged with their nutritional needs.

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.

People spoke positively about the support they received from the majority of the staff team. Staff received training for their role and were aware of people's lifestyle choices.

People's needs and wishes were recorded in their own individual care plans. People had access to the services complaints procedures.

People had the opportunity to give feedback to the provider about the service they received. The service worked with other agencies to identify and address areas of improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 8 April 2021 and this is the first inspection.

The last rating for the service at the previous premises was good, published on 7 April 2020.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Recommendations

We have made two recommendations about rota and monitoring quality performance. Please see the safe and well-led sections of this report.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Requires Improvement ●

The service was not always well-led.  
Details are in our well-led findings below.

# Human Support Group Limited - Foundry Wharf

## **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 Health and Social Care Act 2008.

#### 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the manager of the service had submitted an application to register with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 July 2022 and ended on 19 August 2022. We visited the location's office/service on 27 July 2022, 2 and 19 August 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two family members on the telephone. We visited six people who used the service and spoke with seven staff, the manager and the area manager for the provider. We reviewed records including rotas; care plans and other documents relating the delivery of the service to people.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People's visits were scheduled in line with their care plan. One person commented, "Times of calls are ok." However, we saw and staff told us that the most recent rota developed failed to document staff breaks. Rotas also showed times where staff needed to be supporting two people at one time. One person who used the service told us "Too many calls on a rota, staff are getting crossover times."
- People told us they felt rushed during their night time visits. Their comments included, "Feel a bit rushed at night time calls due to the lack of staff" and, "Feel rushed at times." We discussed all of these issues with the management team who made a commitment to review the rotas.

We recommend the provider considers current best practice guidance on the management of rotas and the deployment of staff.

- Sufficient staff were on duty to meet the needs of people using the service during our visits. One person told us, staff "Stay as long as needed."
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- A family member told us the service "Introduce new staff slowly" to their relatives care and always make "Changes to call times to accommodate outings."

### Using medicines safely

- Procedures were in place for the management of people's medicines.
- Following discussion with the management team, a medicines delivery record was adapted to include more information for the safe management of people's medicines once they were delivered.
- People received their medicines as prescribed.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff delivered their care and support.
- Safeguarding procedures were in place. Staff had access to information about how to protect people from harm.
- During the inspection process, one person raised a concern. A senior manager discussed the concern with the person and took appropriate action.
- Information on how to keep safe and report any concerns was available in the service's service user guide.

### Assessing risk, safety monitoring and management

- Known risks to people were assessed and where possible mitigated.
- Identified risks to people were considered in the planning of their care and where possible reduced. For example, risks to people's skin integrity; allergies; nutrition; falls and mobilising had been considered as part of their care planning.
- Staff had access to policies and procedures in relation to health and safety.

#### Preventing and controlling infection

- Systems were in place to prevent the spread of infection.
- Staff had access to relevant procedures as well as personal protective equipment. This promoted the prevention of infection being spread.
- Specific guidance was available to all in relation to minimising cross infection risks during an outbreak of COVID-19.

#### Learning lessons when things go wrong

- Accident and incidents which occurred were recorded and reviewed.
- Information relating to accidents and incidents was reported to the provider on a regular basis. This enabled the provider to further monitor incidents within the service.

# 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.

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 current best practice.
- People's individual needs were assessed to ensure they could be met by the service. This involved visiting the person prior to the service commencing.
- Where required, housing services, social workers and health care professionals were involved in the assessment process. The service ensured that all of the relevant information was obtained from other agencies prior to the assessment of people's needs.
- Reviews of people's care and support took place to ensure that the service was aware of any changes to their needs.

Staff support: induction, training, skills and experience

- People received care and support from staff who had received training for their role.
- Training records showed the majority of staff had completed refresher training for their role.
- Staff told us that they felt supported by the area manager. A schedule of supervision was available for staff. Not all of the staff had received their supervision within the set timescales. We discussed this with the area manager who took action to address this.
- People's comments included "Staff are good workers" and, "They [staff] are very good."

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

- People were supported by staff with food and drink preparation when required as part of their planned care.
- When required staff supported people with their shopping for groceries. During the COVID-19 pandemic people had been supported to order their groceries 'on line' from a supermarket and had them delivered. However, this had ceased and staff were visiting the supermarket to shop for "essentials only" on people's behalf. We discussed this with the area manager who made a commitment to review procedures and reintroduce the opportunity for people to access 'on line' shopping services to allow people to view and order their preferences.
- Dietary advice from healthcare professionals in relation to specific health conditions was 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.

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

- Advice from healthcare professionals in relation to specific health conditions were obtained when required and recorded in people's care plans.
- Advice sheets on specific medical conditions were present in some people's care plans which enabled staff to understand people's health needs.
- People received support from staff to plan and access healthcare services. For example, staff liaised with local GP practices and district nurses to support people with making appointments.

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 MCA 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.

- At the time of this inspection none of the people using the service were being deprived of their liberty via the Court of protection.
- Where applicable, people or their representatives had signed to consent to their plans of care and support.

# 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 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 felt they were well supported by the majority of staff supporting them. Their comments included, "Carers are fine"; "Staff are good workers"; "[Name] always makes sure I'm ok, she's like a daughter"; "[Name] is excellent. Lovely with mum" and, "Staff are polite and respectful when delivering personal care."
- During interactions, staff were respectful of people and it was evident that positive relationships had been formed.
- People's known needs and wishes were 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.
- 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 were treated with dignity and respect.
- People gave examples of where staff enabled them to maintain their independence in relation to decision making and their mobility. Comments included, "[Staff] offer reassurance when supporting with a shower" and "The girls are fabulous. If you've any problems they will always give advice."
- 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 for 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 care and delivery.

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 daily.
- People's care plans contained a summary that detailed people's choices of what they would like staff to do and how during their visits.
- 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 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- 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.

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 had access to communal activities provided by the landlords of the building. In addition, people living in the accommodation also provided social engagements for their neighbours in the communal areas of the building.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaints procedures which were available in alternative formats if required.
- People knew who to speak to if they were unhappy about the service they received.
- A system was in place to record and monitor any complaints received about the service. This was monitored by the senior management team.

End of life care and support

- People had the opportunity to have any specific and advanced 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

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

- 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, issues for people receiving their care and support due to changes in rota management. Action was taken during the inspection process. In addition, a small number of care plans failed to contain up to date information about specific needs.
- Information requested during the inspection process was not always correct. For example, people using the service and staff had not given their consent to be contacted by the inspector prior to their contact details being shared. This was addressed during the inspection period.

We recommend the provider reviews their current systems in place for monitoring quality performance.

- Staff delivering care and support understood their role and responsibilities.

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

- The provider understood their responsibilities in responding to people under the duty of candour following incidents and when things had gone wrong.

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.
- People told us that they were regularly asked if they were ok.
- People were invited to attend 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 provider carried out regular visits to the service and had systems in place to make improvements to the service when required.
- Staff worked alongside healthcare professionals; local authority commissioners and housing services to support people with their care and support.