

The Human Support Group Limited

Human Support Group Limited - Carlisle

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection carried out on 3 & 10 November 2016. This was the first inspection of this service since it registered in March 2015.

Human Support Group provides care and support for people who live in their own homes. The majority of people using the service are older people. The office is located in Carlisle and provides services in and around the local area. There were 33 people using the service when we inspected.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager of the service had responsibility for two other Human Support Group offices in Cumbria, in Whitehaven and Ulverston, as well as this one in Carlisle.

People received the care they needed from care staff who they knew and who knew them well. The staff were friendly, kind and caring and people valued the service they received.

The care staff were trained and supported to be able to provide the care people needed. Staffing levels were suitable to meet the assessed needs of people in the service. Staff recruitment was thorough with all checks completed before new staff had access to vulnerable people. The organisation had robust disciplinary procedures in place.

People were protected against the risk of abuse or avoidable harm. Hazards to people's safety had been identified and managed. The care staff took prompt and appropriate action if they were concerned that a person was at risk. Good risk assessments and emergency planning were in place.

People told us that the staff were friendly yet polite and supported them to maintain their privacy and dignity. We saw evidence to show that staff promoted independence.

The service demonstrated that they were aware of people's capacity and documented this in people's written records of care. Each person had a detailed and up to date care plan. People were included in planning and agreeing to the care they received. People could ask for changes to their planned care and the service agreed to these where possible.

People received the support they needed to prepare meals and drinks. Staff could assist with nutritional planning if necessary. Staff supported people to get good health care. Medicines were handled safely and people received support with their medicines as they needed.

The registered manager was knowledgeable about the Mental Capacity Act 2005 and her responsibility to

protect the rights of people who could not make or express their own decisions.

The service had a good quality monitoring system that checked on all aspects of the support given. Staff and people who received support were satisfied with the way the service was led and with the culture promoted by management. People who used the services said they were involved and their opinions taken into account. Complaints were managed correctly. The service operated from a modern office which had good IT and telephone systems.

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.

Staff were aware of their responsibilities in keeping people safe from harm and abuse.

Risks had been identified and managed to protect people from harm.

The service employed enough staff to deliver safe care.

People were appropriately supported with medicines.

Is the service effective?

Good ●

The service was effective.

Care staff were trained and supported to ensure they had the skills and knowledge to provide the support people needed.

People were supported with meals and with nutritional planning if necessary.

People agreed to the support they received and their rights were protected.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring, kind and friendly. They were asked for their views and the choices they made were respected.

Staff were able to support people to have as much privacy and dignity as possible.

People were encouraged to be independent.

People had access to advocates.

Is the service responsive?

Good ●

The service was responsive.

Suitable assessments were made so that people got appropriate levels of support.

Care plans were detailed and up to date.

Complaints were managed appropriately.

Is the service well-led?

Good ●

The service was well led.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

There was a suitable scheme of delegation in place which staff and service users understood which led to good communication.

There was a good quality monitoring system in place.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 & 11 November 2016 and was announced. We gave the registered provider 24 hours' notice of our inspection because the location provides a domiciliary care service and we wanted to make sure that the manager would be available to speak with us when we visited the service.

The inspection was conducted by an adult care inspector.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

We spoke with sixteen people who used the service and four people's relatives on the telephone. We looked at rosters and the programme for home care visits. We saw the electronic system for monitoring home care visits. We met with three support staff and two senior support staff. We looked at eight staff files and we saw minutes of staff meetings.

We looked at a sample of records including five people's care plans and other associated documentation, medication records, staff recruitment, training and supervision records, the provider's policies and procedures, complaints and audit documents.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements

they plan to make. We reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also asked the local social work team and local health care providers for information about the service. We had contact with staff from health and the local authority who purchase care on behalf of people. We planned the inspection using this information.

Is the service safe?

Our findings

People told us that they felt safe being cared for by the service. They had never had any concerns about their safety. One person told us, "It had never crossed my mind not to feel safe". Another person told us, "I feel very safe". New staff are always introduced to me and they have been checked before they get here." And another person said, "The same team of staff come to me...they have been the same for years...I think they have enough staff."

The care staff we spoke with told us they had received training in how to recognise and report abuse. They told us that they would always report any concerns to a senior person in the organisation.

We met with staff in the service who could talk about their responsibilities in relation to safeguarding. Staff told us they had received training in how to recognise and report abuse. They told us that they would always report any concerns to a senior person in the organisation. Human Support Group had a whistleblowing line that staff could call anonymously if anything worried them. The registered manager of the service understood how to support people and how to prevent abuse. We had evidence to show that the organisation took safeguarding seriously and dealt with any concerns appropriately. There had been two safeguarding alerts raised by the service in the last 12 months and we saw that the organisations procedures were followed to ensure people were safe guarded from potential harm.

We saw that each of the care files we looked at had risk assessments and risk management plans in place. These covered environmental risks, lone working issues and risks related to care and support delivery. These were of a good standard. Accidents and incidents were analysed and changes made to prevent further re-occurrence.

Staff were clear about how they would deal with foreseeable emergencies, such as people having accidents in their home. The registered manager described how they had coped during recent floods in the local area and the contingency plan that had come into force. The plan and the systems that were in place meant that people were kept safe across this challenging time.

We asked senior support workers who delivered home care about their staffing levels. They told us they only took on new work if they had enough staff to cover the visits. People we spoke with told us there were enough staff to provide the support they required. They said they usually received care from a small team of care staff who they knew and liked.

We look at the recruitment records for two new staff members and spoke to some members of staff who had only been in the service for a short time. They confirmed that background checks were made prior to them having any contact with vulnerable people. All new staff obtained a Disclosure and Barring Service disclosure to check they were not barred from working in a social care service. The registered provider had obtained evidence of their good character and conduct in previous employment in health or social care.

We also had evidence to show that disciplinary procedures were managed well by the organisation.

Management staff were skilled in managing investigations of disciplinary matters.

Safe processes were followed if a care worker was unable to gain access to a person's home to deliver planned care. Any concerns were reported to the manager or on call staff member who advised the care worker on the actions to take and maintained oversight of the concern until they were assured the person was safe.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's care records held important information for care staff about hazards and the actions to take to manage risks to themselves and the person they were supporting.

Staff confirmed that they had received training and competency checks in relation to the management of medicines. We saw the Medicines Administration Records for people cared for by the service. These were in order.

Staff had received training in managing infection and there were good systems in place to help support people to maintain good infection control within their own environment.

Is the service effective?

Our findings

People told us the care staff who visited their homes provided a good standard of care. One person told us, "They always ask if it is okay to do things." Another person said, "The staff ask my permission as this is my house and they respect that."

Staff training records showed that all staff received ongoing training that covered all aspects of the work they undertook. Staff said that they not only had training about basic skills but also had training that related specifically to the individual needs of people in the service. Staff had received training on disorders like dementia and autism and they displayed a good knowledge of these. We saw some workbooks that staff were using. The team told us that they were all studying a different topic in depth and cascading some of their learning to other people in the team.

Evidence was available to show that staff in the service were given regular supervision and appraisal. Home care staff had regular checks on their competency while working with people. Formal one-to-one sessions covered the work they did with individuals, their training and learning and ensured that each member of staff was supported to develop appropriately. New staff had received induction and within months of their start date they had completed all the training that Human Support Group deemed to be mandatory.

All of the care staff we spoke with told us they had completed training to give them the skills and knowledge to provide people's care. They said they were given opportunities to gain qualifications relevant to their roles. Where care staff worked with people who had complex needs they had received additional training to support the individual.

New staff completed thorough induction training and worked with more experienced staff members before working on their own in people's homes. All of the staff we spoke with told us they felt they had completed appropriate training to provide people's support.

Some people who used the service were not able to make important decisions about their lives. The registered manager of the service was very knowledgeable about how to respect the rights of people who did not have capacity to make important choices about their care. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People who have capacity can set up a lasting power of attorney, which is registered with the Office of the Public Guardian. A lasting power of attorney gives legal authority to an identified individual to make decisions on a person's behalf. They can be used to authorise another person to make decisions about finance or about health and welfare. The registered provider had good systems to check if people who used

the service had a valid power of attorney in place. They identified what sort of power of attorney had been registered and if a person had legal authority to make decisions on an individual's behalf.

The manager of the service understood the principles of the MCA and how to ensure people's rights were protected. The care staff we spoke with also understood how to respect people's rights. We asked what they would do if a person refused part of their planned care. One care staff told us, "We have to respect people's decisions, it's their choice, you can't make people have care". Another said that, if they were concerned a person was at risk through refusing an important aspect of their care, they would speak to one of the managers of the service to share their concerns.

People told us they did not require support from the care staff to arrange or to attend health care appointments. They told us they arranged their appointments themselves or a relative did this for them. Two people told us they were confident that the care staff who supported them would contact their district nurse or doctor if they were unwell and asked for this support. We saw that individuals' care records also included guidance for staff about how to contact relevant health care services if an individual was unwell. People who used the service could be confident they would be supported to access appropriate health care services, as they needed.

We asked people about how staff managed food preparation on their behalf. People were satisfied with the support they were given. A senior support worker said they would help staff who didn't feel confident with food preparation as they were aware of the importance of healthy eating. People in supported living services were closely monitored as some of them had problems maintaining weight and eating well. Where appropriate nutritional planning was in place.

The service operated from a secure, modern office that had good telephone and IT connections and training rooms. This all helped to ensure the smooth running and efficiency of the service.

Is the service caring?

Our findings

Everyone we spoke with told us the care staff who visited them were kind and helpful. One person said the staff were, "excellent carers [care staff] who do care about you". Other people said, "They [care staff] really look after me" and told us, "They are good girls and I enjoy having them look after me." "They are very good...we couldn't manage without them." "They are great...very polite." "My dignity is kept all the time ... they are very good at that."

People told us that they received a good standard of care from the service. One person said, "The staff are great, helpful and attentive". People said they were asked for their views about their support and included in all decisions about the care they received. One person told us, "The staff always ask what I want". Another person commented, "The staff are very helpful and always ask if there is anything else I want them to do before they leave". We also saw the staff ask this at our visits to people's homes.

Everyone we spoke with told us that the care staff who visited their homes took appropriate action to maintain their privacy. They said the staff treated them, their families and homes with respect and told us that this was important to them. People told us the staff knocked on the door before coming into their homes, one person said, "There's no 'barging in', the carers [care staff] always call out to me".

People told us the support they received helped them to stay in their own homes and said this was very important to them. One person told us the service was "invaluable" and another person said, "I couldn't do without them."

People told us, and we saw, that the staff gave people time to carry out tasks themselves. The care staff told us they understood that it was important to support people to maintain their independence. Care records we looked at included information about the tasks that people were able to carry out themselves and guidance for care staff about how to promote people's independence. One person told us, "I'm very independent and the staff know and respect that". Another person said, "The staff help to build my confidence to do things".

The care records we looked at included information about any support people needed to be able to communicate their wishes. People we spoke with told us the staff, "listen to me and provide the support I need". The care files we looked at followed a person centred pathway. We were told people who were in receipt of care and support could have access to an advocate if necessary.

We noted that the service had robust policies that referred to upholding people's privacy and dignity. These policies were linked with staff training and referred to in the staff handbook. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against.

Staff meeting minutes and supervision notes showed that staff were made aware of how important confidentiality was. No one we spoke with had any concerns about breaches in confidentiality.

People told us they had developed positive relationships with the care staff who supported them. They said they liked the staff and looked forward to their visits. One person told us, "They [care staff] brighten the day up". Another told us that they had been visited by staff while they were in hospital and clean clothes had been brought in by them. A relative we spoke with told us, "They [care staff] make [my relative] smile" and said "The staff are very good to [my relative]".

Is the service responsive?

Our findings

People who used the service told us that it was responsive to their needs and wishes. They said their support was planned to meet their preferences and they told us that if they requested changes these were agreed where possible. One person told us, "The visits are arranged to suit me." Another person said they could alter their planned care if they wished and told us the service was "open to changes by me".

People told us that they were included in agreeing to the care they received. One person told us, "I was interviewed and asked what I needed" and another person said, "I was involved all along".

People had signed their care records to show that they agreed to them. The care plans held detailed information for care staff about the support individuals required and how they wanted this to be provided. The care staff we spoke with said they knew the support people required because this was detailed in their care plans.

People's care records showed that the service had carried out thorough assessments to establish people's needs. Based on these assessed needs the service then formulated clear and concise care plans that were easy to understand. Copies of people's support plans were kept in people's homes. In addition the service had an electronic system which meant that records could easily be accessed by staff at the location's office. Also office staff said that they could monitor and responded to any changes that people had requested.

The care files contained very detailed assessments of individual need. There were assessments of the support and intervention required. These were detailed and all aspects of each person's care had been carefully assessed. Assessments were reviewed on a regular basis. The assessments were then used to develop person centred plans, behavioural plans and support plans to maintain good health.

Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social care professionals. We saw that the service was very keen to promote independence and to ensure that people were supported in their lifestyle choices.

Staff reported that they had been trained and directed to notice and report any changes to people's needs so that support could be arranged as soon as possible. We saw an example in one of these reviews where a person had been described as getting "A bit unsteady on their feet" and this had resulted in an occupational therapist assessing the person and aids put in the house to promote safe mobility.

The staff we spoke with understood that people could be isolated in their homes and how their visits could be important in reducing isolation.

The care plans included information about people's life histories and relationships that were important to them. We saw that the staff knew people well and talked to them about their families and interests. People told us this was important to them. One person said the staff who visited their home were "very professional but equally very friendly – friendly visitors more than carers".

The registered provider had a procedure for receiving and responding to complaints. A copy of this was given to people who used the service. Everyone we spoke with told us they knew how they could raise a concern about the service they received.

The people we spoke with said that they had never needed to make a formal complaint, as they were very happy with the service they received. One person said the service was "brilliant" and told us they had "no complaints whatsoever". Another person told us "I can't fault the service".

Is the service well-led?

Our findings

The service was managed by a suitably experienced and qualified registered manager who had responsibility for other personal care services in Cumbria. The registered manager of the service had responsibility for two other Human Support Group offices in Cumbria, based at Whitehaven and in Ulverston. We saw there was a clear management structure in the service. The registered manager had a deputy in place and senior carers who oversaw the running of the service when the registered manager was not present. The registered manager reported to an area manager who visited the service monthly and was in regular telephone contact. The scheme of delegation was understood by people in receipt of care and by the staff teams. This meant the service was effectively run and communication was good between staff.

Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse. The registered manager of the service had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken.

People who used the service told us they were happy with the support they received. The relatives we contacted told us that they would highly recommend the service to other families. People told us that the staff who worked in the organisations offices were "helpful" and took action if they contacted them. One person told us, "The people in the office are all lovely" and another person said the service was "very efficiently run".

People told us that the senior support worker "visits from time to time...they phone me and ask if they can come at a certain time and I say the carer will be here and they say yes I am coming to see how they work with you." The staff records we looked at showed that care staff were observed carrying out their duties to check they were providing care safely and as detailed in people's care plans. This helped the managers of the organisation to monitor the quality of the service provided.

We looked at the standard of care plans in the service. We found that they were clear and straightforward. Staff had written daily notes that corresponded with people's plans of care. Copies of care plans and risk assessments were also held at the office as well as in people's homes. This helped to ensure that in emergencies or if there was a query the duplicate file could be readily accessed. The provider had formal systems for ensuring that both copies were up to date.

People told us they were asked for their views about the support they received. They told us they had received quality questionnaires to share their experiences with the registered provider. People also said they were asked for their views at meetings to review their care. Where people had asked for changes to the support they received, they told us the organisation tried to accommodate the changes they requested.

Care staff we spoke with told us that the management team in the service set high standards. They told us they felt well supported by the managers in the organisation. One care worker told us, "I love my job, I feel well supported and there's always someone I can contact if I'm worried about a client".

The care co-ordinator, who ran the service day to day, had carried out checks on how the service was provided and identified areas where it could be further improved. We saw he had arranged for staff to receive further training and was working with the registered provider to oversee the quality of the service provided.

The infrastructure of the organisation was robust with good office space that included training rooms and an open plan office space. The registered manager told us that all levels of staff shared this space and she felt this helped with team working and sharing information.

We saw that Human Support Group had its own internal quality audit system for all services within the organisation which were carried out on a regular basis. The registered manager, care co-ordinator and senior care assistant made regular visits to speak to people in their homes, to look at the documentation and check that the support provided remained appropriate.

We saw that the records kept about incidents demonstrated that these were used by the organisation as learning opportunities and changes were implemented to keep people safe. We noted that audits of a number of processes were completed on a regular basis. The system of regular audits or checks ensured people were receiving safe and appropriate care.

The senior staff undertook spot check practice visits. This provided the opportunity to speak to people who used the services in their own home and ensure that paperwork was completed properly by staff and that it was up to date. We looked at records to show that weekly memos were sent to staff to share information. We saw that regular supervisions took place, including the direct monitoring of support being delivered to people.

These audits and checks were undertaken regularly. They included paperwork audits, training audit, the numbers of late and missed calls as well as spot checks on staff performance. The outcomes of audits were analysed by the registered manager of the service and by the organisation head office and these were used them to improve the way the service was run.