The Human Support Group Limited

Human Support Group Limited - West Leeds

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook this announced site inspection of Human Support Group – West Leeds on 2, 11 and 17 May 2018. This inspection was prompted by information shared with CQC about the potential concerns around the management of people's care needs. We reviewed those risks.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Not everyone using Human Support Group West Leeds receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Human Support Group West Leeds is registered with the Care Quality Commission to provide personal care to people in their own homes.

At the time of our inspection, 142 people were supported with their personal care needs by the service. There was a registered manager in post. 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.

At our last inspection of the service on 13, 15 and 23 June 2017 we found staff were not always supported in their roles and there were not effective systems in place to monitor support and supervision with staff members. At this inspection we found the provider had undertaken improvements to the quality of care people received. However, we found concerns in other areas.

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Staff had not always supported people safely with their medicines if required. Records of medicines administration had not always been documented and medicines care records did not always direct staff on how people liked to take their medicines.

Mostly people told us they felt safe. Staff understood how to recognise and report signs of abuse or mistreatment. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. The provider carried out risk assessments to identify any risks to people using the service and to the staff supporting them. There was a lone working policy, which staff knew about. Safe recruitment processes were completed.

The provider had recognised the need to recruit sufficient numbers of staff to keep people safe. The staff team had recently had lots of changes both with caring staff, office staff and management. This had affected some people with their continuity of care. The rota recorded details of people's visit times and which staff would provide the visit. The registered manager or senior staff were on call outside of office hours and had access to the rota, telephone numbers of people using the service and staff with them.

Staff followed good infection control practice. Staff knew the reporting process for any accidents or incidents. Records showed that the provider had taken appropriate action where necessary, and made changes to reduce the risk of a re-occurrence of an incident. The service had suitable processes to assess people's needs and choices, the care lead went out to assess people prior to a package of care commencing to check the service could meet the person's needs.

Staff had appropriate skills, knowledge, and experience to deliver effective care and support. All new staff completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to working in the care sector. Staff completed food hygiene training, they knew about good practice when it came to nutrition and hydration.

Staff asked people for their consent before delivering care or support and they respected people's choice to refuse care. Care records showed that people signed a contract of care where they gave their consent to the care and support provided. All the people we spoke with said they had been included from the beginning in planning their care.

The provider was responsive to people's needs. Staff supported people, and involved them, (as far as they were able), to draw up and agree their own support plan. All the relatives we spoke with said they had good communication with most staff at every level and were involved in their relative's care. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider sought people's feedback and acted to address issues raised. There was a system in place to manage and investigate any complaints. People had information about how to make a complaint in their care records and in their home. The provider recorded incidents and accidents for patterns of behaviour. They used this information to consider any changes in a person's support needs and how staff could meet those needs.

There was a management structure in the service, which provided clear lines of responsibility and accountability. Staff were valued by the provider and their contributions were appreciated and celebrated.

There were quality assurance arrangements at the service to raise standards and drive improvements. The service's approach to quality assurance included completion of an annual survey. The provider had ensured they complied with all relevant legal requirements, including registration and safety obligations, and the submission of notifications.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's needs with regards to their medicine were identified within their care plans and they received their medicine at prescribed times. Care records for people's medicines sometimes lacked detail and medication administration records had gaps.

People were safeguarded from abuse as systems and processes were in place. A system of staff recruitment was in place to ensure people were supported by suitable staff.

People's safety was monitored with risk assessments. This included the use of protective equipment to reduce the potential risk of spreading infection.

The registered manager learnt from accidents and incidents and implemented systems and processes to reduce the risk of them re-occurring.

Is the service effective?

Good

The service was effective.

People's needs were assessed and were met by staff that were skilled and had completed the training they needed to provide effective care, which included training specific to meet people's individual health care needs.

Staff received regular practical supervision when providing care and support to people and received support through appraisal and attendance at team meetings.

People were supported to maintain, their health and well-being as staff liaised with health care professionals. This included support with the preparation and cooking of meals.

The principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care was understood.

Is the service caring?

Good

The service was caring.

Most people told us the staff approach was kind and caring. People said staff listened to them and they had a say in their care.

Communication had improved throughout the organisation following staffing changes within the service.

Most of the time people told us they had their dignity respected and staff understood how to support people and respect their privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People and family members contributed to the development of care plans. Care plans were followed by staff to promote people's well-being and to achieve their wishes. However, care records sometimes lacked specific detail to support people in a person-centred way.

People and family members were confident to raise concerns. Concerns received had been investigated and used to further develop the quality of the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Staff expressed confidence in the management of the service and were committed to the new visions and values of the provider. The leadership of the service was valued by staff.

People's views were sought and their views were mostly acted upon.

The service worked to bring about improvement and to further develop the service in providing good quality care for people. Concerns raised during inspection had been partially actioned by the registered manager.

Human Support Group Limited - West Leeds

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 checked 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.

The inspection was partly prompted by concerns raised with us about the quality of care people received from the service. This inspection examined those concerns.

This inspection site visit took place on 2, 11 and 17 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by two adult social care inspectors, one specialist advisor for governance and two experts by experience (ExE). An ExE is someone who has personal experience of this type of service. In this case both ExE's had previous experience of working closely with a domiciliary care agency service. Telephone calls were made by the ExE's to people using the service on 2 and 17 May 2018.

We gathered feedback from 19 people who were using the service and six relatives. We also spoke with eight staff whose primary role was to deliver care to people in their own homes or co-ordinate care. When we visited the office, we spoke with the registered manager, chief operating officer and area manager. We looked at documentation in relation to 14 people who received care from the service. We also looked at 12 staff recruitment/training files, the provider's training matrix and other information in relation to how the

quality and safety of care was monitored by the provider.

Requires Improvement

Is the service safe?

Our findings

We looked at 13 people's Medication Administration Records (MAR) and saw that these were not always complete with some gaps or omissions. This meant staff had not always recorded in the MAR when they gave people their medicine so we could not be sure if people had received their medicines in line with their prescription. Where people refused to take their medicine, staff recorded on the rear of the MAR the reason for this and made a note in the care records. Hand written MAR had not been checked to see if they were correct. This meant any errors in recording onto MAR charts may not have been detected.

Regular audits of people's medicines were undertaken, and where issues were identified we saw action was taken. However, as the service spot checked some people's records each month, errors on people's medicines documentation that had not been checked would not have been detected. Direction on how people liked to take their medicines was not always available for staff. For example, one person's support plan indicated to give medicines, but further detail on how they liked to take it, with any drink, one tablet at a time etc. was lacking. We saw evidence for two people they received different quantities of medicines on alternate days. This was not properly recorded on the MAR indicating some days when people had received the wrong quantity of medicines. We concluded that medicines were not always safely administered and recorded.

People told us that they did not run out of their medication. One person said, "The regular carer puts the medication in the nebuliser in the morning so I can use it when I get out of breath. Once the carer forgot to do this, I had to ask a neighbour. I have a notice on kitchen door remind the carer's especially new carers to fill it up." Staff told us that if people's medicines were running low, they organised a resupply or to see what problem had occurred.

This was a breach of Regulation 12 Safe care and treatment of the health and social care act 2008 (RA) regulations 2014.

People's medicines were administered as the prescriber intended. People told us they received their Medicine's at the time they needed them. Comments included, "Yes, they watch me take it", "I take my own medication, they remind me to take my tablets" and "They give me medication night and morning, happy with this they watch me take it." We saw that medicines that were prescribed to be given at specific times were consistently given, and preferences around how people liked to take their medicines was not always noted and followed.

People told us they felt safe. One person told us, "Yes I am safe, they help in lots of ways", another person said, "Yes (safe) they know what they are doing and they know how to move me" and a further person said, "I do (feel safe) with the regular ones."

Staff spoken with could demonstrate their understanding of abuse, types of harm and how they kept people safe. Staff were clear about reporting their concerns both to the registered manager but also to external organisations in confidence if they were concerned about the conduct of colleagues or the management

team. Where there had been concerns raised, the registered manager promptly reported their concerns and once the matter had been investigated they reviewed their practise and shared learning from the event with staff in team meetings. People and staff told us they could access an on-call system to speak with senior staff out of hours. One staff member told us, "If people are in trouble or need us urgently then they always have a place to contact us." We spoke with one person who raised a concern with us. We mentioned this to the registered manager who immediately launched an investigation and they fed back to us later during the inspection. They were currently working with the local authority to support this person further.

People told us that staff were aware of risks to their health and safety acted accordingly. One relative told us, "Yes safe, I asked for a meeting (service) as my relative was having falls and we are going to change the call pendant to a wrist one." Another relative told us, "I think she is safe now, although we have had safeguarding problems in the past." We saw that when people were first assessed staff carried out an environmental risk assessment of their home. This included areas such as trip hazards, fire risks, use of equipment and access to the home. Staff told us they continually assessed the risks to people and would act immediately should they identify a hazard. One staff member told us, "[Person] has lots old carpets and rugs; these can lead to a trip hazard. We asked to move some and they agreed." This person had not experienced a further fall since the staff member identified the potential risk.

Risks to people's safety and welfare were quickly identified and responded to. Where people required equipment and support to manage their health needs we saw staff ensured these were in place, and followed a care plan agreed with a health professional. For example, we saw someone came to the service with skin breakdown resulting in sores. Staff ensured that people's personal care regime was followed, fluids were continually available to them, and they had the appropriate pressure relieving equipment in place, which they ensured was safely maintained, and they regularly reviewed and reported any concerns. These sores had significantly improved since staff had been able to provide support.

People told us there were sufficient staff to meet their needs. However, people we had spoken with had mixed views on receiving care from the same care team who visited them. People's comments included, "I have my regular carer she is very good. I have a lot of different carers for one off visits. I keep telling them I don't want one off visits", "Usually the same one, just the odd different one" and "Regular carers during the week, different ones at the weekend." We mentioned this to the registered manager who told us they were aware of the issue and they were making changes to the deployment of staff and recruiting staff to improve regularity of staff. We saw evidence new staff were in the process of being recruited.

Staff spoken with also confirmed that they could spend the required amount of time with people, but could also choose to spend longer with people if needed. One staff member demonstrated this approach by telling us, "[Person] had not been feeling well. I was concerned so I rang the office and stayed with them until a family member came to help." The provider monitored calls daily, and if a call was later than a specified time they were alerted to the lateness so they could investigate and ensured a staff member was on their way. We saw there had been some missed calls but these had reduced since the new registered manager started in January 2018.

People were supported by staff that had undergone a robust recruitment process. We looked at the records of 12 staff members and saw that references had been sought, along with a criminal records check. The registered manager maintained a record of the interview they conducted which they used to then identify areas of training and development to focus on within the staff member's induction.

Staff had access to infection prevention equipment such as gloves and aprons. Some people had told us gloves were always used but aprons were not always worn during personal care. We mentioned this to the

registered manager who had already itemed this information to be discussed at the next team meeting. Infection prevention risks were assessed against to identify ways to reduce or remove risk where possible. Staff had completed infection prevention training. This showed us mostly people were protected from the risk associated with infection, although some improvements were to be made.

When concerns were identified, the registered manager reviewed the issue to look for areas to improve. We saw evidence since the registered manager commenced their employment that they had made improvements to systems and approach. Feedback was given to staff about any changes.

Good

Is the service effective?

Our findings

Staff told us they received training to enable them to carry out their role. Newly employed staff told us they completed an induction training course and were shadowed by a senior member of staff until they felt comfortable providing care to people. The induction training course followed the standards of the Care Certificate. The Care Certificate is a nationally recognised set of minimum standards and learning for staff who are new to the role of working with vulnerable adults. One staff member told us, "I was always working with someone until I felt comfortable." Staff told us they received ongoing training in areas such as moving and handling, nutrition, basic life support and fire awareness. They said they could seek support with additional areas of development such as supporting people with dementia. Most people were happy with staff competence. Comments made by people included, "My regular carer is excellent. They wash me other times, I have a shower using a hoist and bath chair", "and the regular ones know what to do. They send new ones with the regular carers to show them what to do" and, "I have different ones (carers) they come in and I don't know who they are. They introduce themselves, it's like a cycle and then you have to start again, when I get new carers and I have to tell them what to do."

The service benefited from its own on-site training room fitted with equipment such as an adjustable bed, hoist, stand aid and slings. Staff told us the face to face training was really useful and allowed them to ask specific questions around queries they had. Staff told us that the district nurses and other health professionals were also supportive and readily gave them advice, guidance and training in specific areas such as people with swallowing difficulties or who had significant or complex physical needs. We reviewed staff training records and found the majority was up to date.

Staff told us that they were supported when they needed it. They said formal supervisions had started again since the new registered manager started. We reviewed records and saw most staff had received two supervisions in 2018. The registered manager told us they knew this was an area to improve and so they planned everyone supervisions in advance. We saw people's supervisions and appraisals were now planned in advance.

People told us that staff checked with them when they wished to assist them. One person said, "[staff] Tell me when they are doing something so I know what's happening. If I don't want a wash or something then I tell them and they listen." We saw from people's care records that consents to care had been signed by the person or their appointed representative, and where a review of a person's needs had been carried out, people signed the review to indicate their agreement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a specific decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA and found that it was.

Staff spoken with were aware of how to obtain consent from people who may be unable to provide this due to an impairment. One staff member told us, "Decisions are theirs (people's) to make and we need to respect that at all times." We saw from records that when people first were assessed for care a MCA had been carried out with the appropriate best interest decision recorded. Those people who had a power of attorney [POA] to make decisions on behalf of their relative had not given a copy to the service. This meant staff did not have the legal documentation to allow other people to make decisions on their behalf. We mentioned this to the registered manager who acknowledged this issue and agreed to gain copies of POA as soon as possible. The registered manager was also aware of the role of the Court of Protection and the need to safeguard the rights of people who were subject to a POA or who lacked capacity to make their own decisions. No people had been referred to the Court of Protection at the time of inspection.

People's nutritional requirements were routinely monitored by staff, and where staff had a concern regarding people's food or fluid intake they reported this to the office. Where needed staff completed food and fluid records and followed guidance from the GP, dietician or speech and language therapists where required. Staff told us that they ensured when they left people who were unable to make a snack or drink they left these for them within reach. People told us, "It is good", "I have ready meals in the microwave they put it on the table for me alright." Other comments from people and relatives varied. For example, "She had a tea time call due around 4 pm last Thursday; the carer arrived at 6.50 pm. My relative is a diabetic. I do her medication" and, "In some respects (skills) I think some carers they don't understand people's needs. For example, as he is eating less and less, they need to encourage him. I have talked to them, they are going through now. The timing of the visits, can be quite close together. They make a meal at 12 pm and come back at 3.30 pm for the tea time call." I contacted them and asked for a meeting. They were going to look into this and other things. We mentioned this to the registered manager, who was already acting to support these people further. This ensured people could maintain their hydration and eat sufficient amounts.

People told us staff regularly spoke with health professionals such as the GP, district nursing teams and pharmacists. People told us that staff would speak with the pharmacy on their behalf to organise medications. People's records demonstrated that a range of health professionals were involved in supporting peoples care needs. People's comments included, "No need yet, but they definitely would call a doctor if I needed one" and, "One of carers was due to come when I had my problem. The carer rang the ambulance; she didn't mess about and waited until the ambulance came. They have also been in touch with the doctor a few times since."

Good

Is the service caring?

Our findings

All the people we spoke with told us that staff were caring towards them and they could build meaningful and positive relationships with staff. People told us that care was provided in a caring and compassionate manner. Comments people gave us included, "Yes, we talk about all sorts of stuff, we talk about football. I can have a laugh with some of them", "We have a bit of fun" and, "They (carers) are nice and friendly."

Human Support Group West Leeds was led by a management team who demonstrated a strong person-centred culture with people at the heart of everything that they did. The registered manager and provider told us that going forward care was aimed to be provided to people on the basis that the little things mattered and having their needs met. We saw some evidence of this approach adopted by staff through our discussions.

People told us they were fully involved in developing their care. People told us they felt listened to and when they commented on their care, the response of staff made them feel valued. People told us, "They do ask 'how are you doing this morning?", "Yes my carer listened to me yesterday" and a relative said, "They ask how she is and she communicates back." Where people were unable to make big decisions for themselves such as developing their care, they had been referred to an advocacy service. An advocacy service is a service where someone who is impartial and can help make decisions with or on behalf of someone and only in their best interest.

People told us that staff went the extra mile to support them to maintain their independence. One person told us how they wanted to retain their independence. They said they were grateful for staff encouraging them to remain independent telling us they are no longer able to walk long distances with their shopping trolley. They said this presented them with a problem as they were not able to do their shopping. They said that once she mentioned this worry to staff they now bring shopping items she had asked for. They told us this was important so they could choose what they wanted so were able to continue to feel both independent as they were doing their shopping but also felt safe at home. They said that staff visited three times a day and stayed for as long as they needed them. Some other comments from people included, "They (carers) only do what things I want them to do. They don't take over" and, "They let me do my own thing, e.g. wash up the dishes after they have done my tea." Care documentation referred to people's independence and directed staff regarding the level of support required. For example, one care record said, 'please wash the pots and encourage me to help.' Another person's care records stated that they could wash their own hands and face but requires support to wash everything else.

When staff spoke to us about people they did so in a compassionate, enthusiastic and caring manner. Staff told us they always looked to provide extra support and help where they could to help empower people using the service. For example, one staff member told us about a person whose mobility had been decreasing and how they supported them to clean themselves as much as possible while being understanding and willingly doing some jobs for them if it was too much.

Staff spoken with were clear about how they supported people with their dignity and privacy when

providing care to them. People spoken with were equally clear when telling us that staff cared for them in a dignified manner. One person told us, "Yes the treat me with dignity. When I am in bed they take my nightie off and put a towel under each arm one covering my body." A second person said, "Yes, they don't open curtains until I have got dressed. They always say to me is it alright to use my toilet, it is nice of them." One relative told us, "The carers are good, they do treat her respectfully, they are good in all ways." People had received their personal care in a manner that had ensured people's dignity was prompted and their privacy respected.

Staff knowledge of people had been gained through working closely with people and developed relationships over time, through sharing their knowledge and through discussion with colleagues. Care records we looked at detailed some of people's preferences, wishes and instructions to staff on how they wanted to be cared for.

Staff had clearly and accurately recorded the care provided to people on a day to day basis, and these records confirmed that people had received their care as they had requested. Records we viewed were stored in a locked cupboard with limited access to maintain people's confidentiality. We spoke with office staff who were aware of confidentiality and how it impacts their role. We found staff and the service respected personal information.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us the care they received met their individual needs and they were kept informed and involved with regular reviews. One person told us, "Yes have a care plan. I have notes everywhere telling them what to do. They come once a year to review it. Last year the fellow who came wrote down my routine."

The provider told us that the care they provided to people followed their values as an organisation. They told us that people should receive care that is personal, promotes independence, and helps people remain in their own home, in a dignified manner and to avoid social isolation. It was clear from the feedback from people and staff that this approach was starting to have an effect although there were still some people with issues to work out. For example, one person told us, "Yes have a care plan, no one ever reads it, I keep telling them (carers) to read it." Another person said, "When I wanted to get the care plan changed it took four months. Someone came to the house when I was out, they didn't make an appointment. I could see because I have cameras in the house, I told them it wasn't acceptable to do this without me there."

We saw care plans were person centred and drawn up in consultation with the person and/or their representative. They provided clear instructions to staff about the support required to meet the person's needs safely and in the way, they preferred. Care plans reflected what was important to the person, how they communicated, any concerns or difficulties they might have and what they would like to achieve from receiving care at home. Where people used equipment such as mobility aids, safe use of this equipment, this was detailed in the care plan. However, we found areas of some people's care records where important details could be included or expanded on. For example, one care plan says, 'staff to get my clothes ready' but does not indicate who picks them. Another care plan directs staff to make the person a drink and a meal, but give no details as to what they like or to ask them.

We looked at the care plan for a person living with a medical condition. Information about the condition was included within the care plan and the support they needed was detailed and personalised. The person had moving and handling needs which they had communicated to the staff member completing their assessment. This staff member ensured all staff providing support to the person had been trained to carry out this procedure safely and in accordance with the person's wishes.

People's individuality was reflected. For example, care plans included an overview of the person which detailed their personality, social preferences and personal circumstances. People's social needs were considered. Care records included details of people's lifestyle including religion and social interests. Where people might experience loneliness, we saw this was highlighted. For example, one person's care plan said, 'Please try have a chat as (person) is on their own most of the day'. Another's person's care plan indicated to staff to stay with the person for the remainder of the call if other tasks had been completed.

Staff provided support to meet the broad range of varied needs of people who used the service which included those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well. For example, one

person's care records directed staff not to give any meat products on a Thursday. Most of the people and relatives we spoke with told us they felt the staff listened to them and valued people's views and opinions. Initial assessments always asked people for their gender preference of staff. People told us most of the time they had their preference respected other than emergencies.

One person said, "They do ask 'how are you doing this morning?" and another person said, "Yes my carer listened to me yesterday." The provider and registered managers view when reviewing and responding to people's changing needs was that staff were to be flexible and find innovative ways to meet people's needs.

The service supported people to live active lives and to help people avoid loneliness and social isolation. All the staff we spoke with told us the people they supported where important to them. One staff member said, "You cannot help but grow relationships with them as we are working with them in their homes every day." A second person told us, "[person] doesn't have family close so we all [care staff] ask how they are doing and spend a little time just chatting with them."

Most of the people spoken with told us how the staff took the time to get to know them and share in their interests and hobbies. One person's relative told us, "They always chat about music. It's really nice to see." They said that this had a significant impact on both the person and themselves as they could engage with meaningful stimulation and see and recall what they had done during the day.

People and relatives told us the staff were now responsive and flexible to meeting people's needs. One person's relative said, "We had some issues in the past but things have changed now. When my relative's needs had changed, the staff were quick to understand how to support them in the new way." Most of the people and relatives we spoke with told us how responsive and flexible the care staff were in their approach. Some people told us of the concerns they had raised previously albeit they felt very recently things had improved. This was consistent with the evidence of work completed since the new manager started.

All the people without exception told us they felt confident in raising a complaint or concern with staff. We reviewed seven complaints documented in 2018 and all but one of the complaints reviewed were about missed appointments or the timeliness of appointments. However, a system has recently been put in place whereby the administrative staff can view if staff have been to a property in real time, and chase them if they are not there, or remind them if they have forgotten to 'check in'. The organisation is looking to source new software, which will allow staff to record electronically the tasks that they are undertaking and highlight any observations that they have. Complaint timescales needed to be quicker. For example, one complaint made on the 22 January was not responded to until 13 March. Another complaint submitted on 7 February was not responded to until 6 April. The provider had a complaints policy in place that stated time scales that acknowledgements should be made by. We found older complaints had not always been responded to in line with the providers policy. The registered manager was aware of this concern already and since their employment, had responded to all complaints in line with policy.

Requires Improvement

Is the service well-led?

Our findings

People and staff were complimentary about the leadership of the registered manager and provider. One person said, "It feels like things have got better recently." A second person said, "I think the way the company is run shows the caring side and they know what they are doing."

All staff spoken with told us the registered manager and provider were approachable and listened to their views. One staff member said, "[registered manager] are still new but they seem to know what they are doing." A second staff member said, "We have had a lot of changes recently and things are starting to improve now."

Staff meetings were held regularly and staff spoken with told us they felt these meetings were positive opportunities to discuss the service and be able to discuss any difficulties they may have faced to gain feedback. Meetings were also held as required, for example if there had been a concern identified then staff were called to the office to discuss and learn from the event. The provider also regularly kept staff up to date of the current state of the business.

There had been a recent quality assurance survey completed. This was used to gain the views of people and their relatives of the service. Their comments and views were shared with staff and used to help improve the service and a development plan had been compiled to further develop the service. Overall the results of the survey indicated 92% of people were satisfied with the service.

A system of quality assurance checks were completed on a regular basis. The company have internal key performance indicators on quality, people and development. Regional directors undertake the quality audits and we saw a full internal audit was undertaken in February 2018 for this branch. This audit helped form a branch action plan which is monitored every two weeks. Human Support Group West Leeds branch is currently under the scrutiny of the Improvement Board. However, no evidence was provided of this internal audit report and the branch manager did not have access to it during the first day of inspection therefore they could not describe the changes and learning that the service should be making. We asked the provider to share this with the registered manager.

The registered manager along with senior staff regularly visited people in their homes and asked for their feedback about the care they received. In addition, they also checked people's care plans and risk assessments, as well as daily records and medicine records through unannounced spot checks that also observed the staff members competence. These spot checks were completed with the staff member and person where each person involved could share their feedback, which then formed part of the staff members development plan. We saw that these checks were effective in identifying errors. For example, staff had identified gaps in one person's medication administration record. They had satisfied themselves this was only a recording issue and the person had received their medicines, and then discussed this with the staff member.

The provider and registered manager met regularly to discuss the quality of care provided to people. They

had developed an action plan they shared that identified goals, and reviewed key areas such as staffing, incidents and safeguarding, and general quality monitoring issues. We saw that as part of the ongoing monitoring of the service, the provider and registered manager told us they planned to continue to develop the care people received. They told us that they were looking to find innovative ways to further involve people in the development of the service and development of their electronic care planning and monitoring systems to enable them to continue to develop and respond to people's needs.

Since the last inspection the provider had implemented a new electronic monitoring system that enabled them to monitor when people had their care calls, and alerted them to missed or late visits. Where calls were alerted as late, office staff could then contact the staff member and if necessary cover the call themselves if they had been held up for an extended time. Staff told us the introduction of the call monitoring system had been a positive tool. One staff member told us, "It's been really useful for that live feedback." An out of hours service was available to staff and people or relatives to use if they needed support or guidance when the office was closed. This service was used regularly by people, and staff told us it helped them feel supported and that colleagues were always on hand to support, even at weekends.

The provider showed us how they planned to further develop the call monitoring system. They showed us an electronic system that monitored in real time whether people had received time critical care such as having a medicine or being repositioned in bed and this showed whether people had their care plan updated or reviewed.

We found the office environment was a positive environment and staff told us they thought the culture of the service had undergone a recent change. The provider had developed a new Mission statement, Visions, Values and behaviours, but they are yet to produce a formal assurance framework/risk register to ensure that these values are being adhered too.

The registered person was meeting their legal obligations. They had notified CQC as required by submitting statutory notifications in a timely manner and providing additional information promptly when requested. The provider was working in line with the conditions of their registration.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not always receiving their medicines in line with their prescriptions.