

The Human Support Group Limited

Human Support Group Limited - The Windings

Inspection report

The Windings
Cable Drive, Helsby
Frodsham
Cheshire
WA6 0FP

Tel: 01925648004

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11 September 2020
14 September 2020
15 September 2020

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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

About the service

The Windings is an 'extra care' service providing personal care to 20 people living in their own flats at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe and trusted the staff who came into their home. They told us staff never missed any calls and told us staff left their homes clean and tidy after visits. People were protected by safeguarding processes and staff were clear of the process to follow to refer concerns. Staff were safely recruited and had the necessary skills to meet people's needs. People were protected by risk assessments relating to their support and assessed hazards in their home environment. People received support with prescribed medicines and had their nutritional needs assessed. When needed, people were supported to access to health professionals and had their health needs monitored.

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. Support plans were person centred, detailed and were presented in a format which made them easy to understand. People were aware of their support plan and confirmed they had the opportunity to be involved in making changes.

People felt cared about and confirmed they were treated with respect. Sensitive information was kept confidential at all times.

Complaints were dealt with in a timely manner and to the satisfaction of the person raising the concern and Information on a range of issues were presented in a way was appropriate to people's understanding and sensory limitations. The views of people were regularly sought. Where action was needed to improve support; immediate action was taken to achieve this.

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

Rating at last inspection

This service was registered with us on 5th June 2019 and this is the first inspection.

The service under the previous provider had not received a rating following its initial registration on 8 February 2018.

Why we inspected

This was a planned inspection following safeguarding concerns that had been received, a change in

managerial oversight and to assess hygiene practices in light of the Covid 19 pandemic.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Human Support Group Limited - The Windings

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The 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 obtained and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager who had applied for registration with the Care Quality Commission. This means that as well as the provider they will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because due to issues around COVID-19, we needed the service to prepare in advance for the inspection.

Inspection activity started on 11th September 2020 and ended on 15th September 2020. We visited the office location on 14th September 2020.

What we did before the inspection

We reviewed information we had received about the service since the service was first registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke to five people who used the service asking about their experiences of the support they received. We spoke to managerial staff on-site which included the regional director and manager. All contact with those who used the service was done by telephone in light of the current Covid 19 pandemic.

We reviewed a range of records. This included five people's care records, risk assessments, medication records and other care-related documents. We looked at five staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We had subsequent contact with staff members who outlined their experiences. We spoke with one professional who had overall commissioning responsibility for the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they "felt safe with the staff team" and "I trust them"
- Information was available to people to explain how they could report any concerns.
- Staff received training in safeguarding and whistleblowing.
- The registered provider had co-operated fully in any safeguarding investigations had taken place.
- Up to date risk assessments were in place for each individual. These related to specific risks people faced during support and outlined how this risk could be mitigated.
- Risk assessments were in place for people's home environments; indicating those potential hazards where support took place.

Staffing and recruitment

- People told us they felt there were sufficient staffing levels. One person said, "staff always turn up and never miss a call,"
- Staffing rotas outlined the number of staff required on each care call.
- Staff told us there were sometimes issues with maintaining staff levels. We received evidence this was due to recent staff turnover and that the manager was in the process of recruiting new staff. There was no evidence that this had adversely impacted on people's support. Using medicines safely
- People told us they always received their medicines when they required them.
- Staff had received medicines awareness training and had their competency to support people regularly assessed. Information was available about the level of support people required in taking prescribed medicines.
- Audits were in place to check people had safely received their medication.

Preventing and controlling infection

- Appropriate measures were in place to ensure infection was not spread; in particular in light of the current pandemic.
- People told us staff always ensured their homes were clean and tidy and staff always wore PPE (personal protective equipment) when they were being supported. One person told us, "staff always wear a mask."
- Appropriate stocks of PPE were available for both staff and people who used the service. Training had been provided to staff in respect of donning and doffing PPE during the pandemic.

Learning lessons when things go wrong

- Any incidents or accidents were recorded.

- When people raised concerns about the support they received; the manager sought to deal with the concerns directly, reflect and act on them. People who had raised concerns told us these had been dealt with to their satisfaction.

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 as 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

- The social and health needs of people had been assessed prior to them receiving a service at The Windings. Staff had undertaken relevant training to meet those needs.
- Support plans reflected the assessed needs of people and outlined how these needs were to be met and reviewed on a regular basis.

Staff support: induction, training, skills and experience

- People told us "staff know what they were doing" and "I have confidence in them"
- Staff received regular and appropriate training for their role and a structured induction process was in place for new staff. This included shadowing and an assessment of their performance.
- Staff confirmed they received regular training.
- Training records were maintained as well as certificates after completion.
- Staff had access to the care certificate. This is a value-based course which assisted in preparing staff for their role.

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

- All nutritional needs and preferences were recorded in assessment and support plans. This information was monitored and reviewed on a regular basis.
- Support plans outlined whether people needed support in food preparation and how independence in such tasks could be promoted.
- People who needed support told us staff always took their personal food choices into account and prepared a good meal for them.
- People requiring more support with shopping as part of gaining independence were appropriately supported with this.

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

- People told us while their health was generally good; they knew staff would assist them to access medical services if needed.
- Medical conditions were outlined in support plans with details of how these could potentially affect people.
- The service had worked effectively with other agencies such as local authorities and doctors during the pandemic.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Statements on people's capacity to make decisions were recorded in support plans.
- Arrangements for people who were subject to Power of attorney or court of protection orders were clearly recorded.
- People confirmed staff always asked their consent before supporting them.

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 consistently told us they were happy with the support they received and felt respected by the staff team. We were told, "staff know what they are doing and know my likes and dislikes" and "they know what help I need."
- Support plans recorded whether people had any protected characteristics or specific needs relating to equality or diversity. This included support needs relating to a person's religion, gender or disability.

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

- People told us they felt involved in their support and were able to make decisions about how they preferred to be supported.
- Individual preferences were recorded in support plans and in most cases; people stated they would refer to their families for advice with more significant decisions.
- The communication needs of people and any cognitive or sensory impairments were recorded in support plans. This enabled effective communication to be made with people in order to gain their views about their support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were courteous, they felt supported with respect and knew they would be supported in a dignified way. We were told staff respected the fact they were working in their home and they were never hurried. People told us, "the care is fantastic" and "I always look forward to them coming to see me."
- Support plans placed an emphasis on enabling people to be as independent as possible.
- Personal information was kept secure and confidential at all times.

Is the service responsive?

Our findings

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

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

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

- People told us they had seen their support plan and had the opportunity to sign their support plan to confirm their agreement.
- People were fully involved in the review of support plans. These reviews provided the opportunity for people to influence their support.
- Support plans were person-centred enabling staff to provide support in a way which was unique to the person's needs and wishes.
- Support plans were accompanied by daily records. The format of these had recently adapted to provide a more person-centred approach.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The communication needs of people were included within assessments and support plans. These included sensory limitations and other considerations about people's understanding of information.
- Support plans had been adapted to ensure they were in an appropriate format to meet people's communication needs.
- Communication care plans were in place to ensure staff could effectively communicate with people.
- Information in the form of posters were on display around halls and foyers within the complex. These were clear, easy to understand and were accompanied by symbols and pictures.

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

- The social history of people had been recorded within support plans. This enabled staff to have relevant information about people's interests.
- People told us the pandemic had limited their options to pursuing some of their usual routines but they had found other alternatives.
- Access to regular activities within the building had been scaled back, however, the service sought to encourage people to attend activities with considerations to social distancing.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place which provided clear information about how concerns would be dealt with.
- Two people told us they were not sure who to make a complaint to. This was because "I am happy with them and have not needed to complain." We raised this with the manager who assured us the process would be reinforced.
- Where complaints were raised; action was taken to address them in a timely fashion to the satisfaction of people.

End of life care and support

- No-one being supported had reached this stage of their lives.
- The future wishes of people had been recorded in support plans.
- People had expressed a preference on whether they wanted a Do Not Attempt Resuscitation order.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Good

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us that they were very happy with the support they received and that their needs were met. They were fully involved in the support they received and were able to influence it.
- Support plans were person-centred and went into detail on all aspects of people's needs.
- There was a clear emphasis within the culture of the support on people being as independent as possible during their support.
- Staff indicated that there had been improvements with the introduction of the new manager; they considered them approachable and supportive.

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

- During the inspection the manager was open and transparent. This included providing evidence to us in a timely manner prior to the site visit.
- The registered provider had systems in place to enable people who use the service to raise concerns. These were dealt with thoroughly and to the satisfaction of the people raising the concern.

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

- Effective quality assurance systems were in place. Audits involved the views of people who used the service, staff, the manager and other sources within the organisation.
- Since registration, a new manager had been recruited to the location. The manager was undergoing the registration process with us. The manager was already registered for two other similar locations which had achieved good outcomes overall.
- The manager was fully conversant in their responsibilities of running a registered service. Staff considered the service to have improved since the manager had started there.
- Statutory notifications were sent to us as required by law.

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

- Daily communication records were in place enabling staff to be made aware of changing need.

- Staff meetings had been restricted in light of the pandemic yet other means to ensure information was shared with staff were in place; such as telephone and closed social media groups. Staff felt well informed and confirmed they were always passed relevant information.
- Verbal and written feedback was sought regularly from people and from their relatives by telephone, email and face to face reviews.
- People told us that they were always kept informed about the support they received.

Working in partnership with others

- Commissioning agencies we spoke with had no concerns about the relationship they had with the service.
- The service had worked closely with other agencies such as the local authority, local community and clinical commissioning groups during the pandemic.