

The Human Support Group Limited

# Human Support Group Ltd - Ulverston

## Inspection report

Office 210 Ulverston Business Centre  
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Cumbria  
LA12 7LQ

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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 inspection took place on the 12 & 13 October 2015 and was announced.

Human Support Group provides care and support for people who live in their own homes. The office is located in Ulverston and provides services in and around the local area.

The registered manager of the service had responsibility for two other Human Support Group offices in Cumbria, based at Whitehaven and in Carlisle. 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.

Human Support Group had taken over the agency approximately 8 months ago and had introduced new systems to improve the running of the service. People receiving a service told us that they had been pleased with the changes and felt that things were running smoothly.

The service had sufficient appropriately recruited staff available to support people. Each office had a clear management structure to ensure the service was run in the best way to meet people's needs.

The service managed medicines appropriately.

Staff said that they felt better supported by Human Support Group. All staff received regular supervision and appraisal. There was a clear structure in place to achieve this. As part of their recruitment process the service carried out appropriate background checks on new staff.

The service demonstrated that they were aware of people's capacity and documented this in people's written records of care.

People told us that staff were caring and treated them with dignity and respect. We saw that people's opinions were welcomed and valued by the organisation.

Care plans were written in a straightforward manner and based on thorough assessments. They contained sufficient information to enable people to be supported correctly.

There was a clear management structure in the service. The registered manager had a deputy in place as well as senior carers who oversaw the running of the service when the manager was not present. The registered manager reported to an area manager who visited the service monthly and was in regular telephone contact.

There was a quality assurance system in place at the service. The outcomes of audits were analysed by the

registered manager of the service and by the organisation's head office and these were used to improve the way the service was run.

## 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.

There were sufficient staff to provide support to people in a timely and planned manner.

People who used the service benefited from staff who had the relevant checks carried out, and had been chosen with the right qualities and attributes to carry out their role.

Staff were aware of how to recognise and report concerns about vulnerable people.

### Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and appraisal.

Staff received induction and training to enable them to provide care and support to people that met each person's assessed need.

People received adequate support with nutrition where necessary.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were caring.

People told us that staff treated them with dignity and respect.

There were plans and procedures in place to ensure that people's privacy was protected.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were based on robust assessments

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

### **Is the service well-led?**

**Good** ●

The service was well led.

People views were actively sought and used to develop the service.

Staff told us they felt supported by the organisation, the registered manager and by other line managers.

There was an effective quality assurance system in use that had brought about improvements to the service offered to people.

# Human Support Group Ltd - Ulverston

## **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.

This inspection took place on the 12 October 2015 and was announced. We gave the registered manager short notice of the inspection as we were aware that they managed three locations all some miles apart and wanted to ensure that they were available on the day of our inspection.

The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the visit 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 planned the inspection using this information.

We also asked the provider to complete 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 spoke with 14 people who used the service. We also spoke with six staff including the registered manager, senior carers, and carers. We also met with Human Support Groups' regional manager.

We looked at six records of written care and other policies and records that related to the service. We looked at three staff files which included supervision, appraisal and induction. We saw a record of training and a

training plan and we looked at quality monitoring documents.

# Is the service safe?

## Our findings

We spoke with people who used the service and asked them if they felt safe when receiving a service from Human Support Group Ulverston. Everyone we spoke to confirmed that they felt safe when receiving support from this service.

One person said they felt very safe with her carers and told us, "They are marvellous. I always feel safe and I am very happy with all my carers." Another person told us they felt safe and well cared for as the carers were reliable, arrive on time and stay for the full hour.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to demonstrate their knowledge about different types of abuse how they would raise concerns about them. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

Staff training records showed all staff were up to date with safeguarding training, and this is set up as a refresher course as well as being incorporated into staff meetings. Staff also have access to e-learning materials if it is felt that they need extra support.

We reviewed recruitment procedures in the service. The service had recently introduced new recruitment procedures into this branch. The registered manager explained these and how robust they were. We saw that each person was put through rigorous checks and aptitude tests to ensure that people were being supported suitable staff. The written records we saw confirmed this.

Staff and management we spoke to during this review confirmed that checks and references were taken prior to their employment. As part of the recruitment process staff skills and knowledge are assessed and suitable induction training planned and completed.

The organisation has clear disciplinary and grievance procedures, that are issued to all staff, and these take account of professional bodies and codes of practices.

We spoke with people who used the service and asked if there were sufficient staff to support them and if they arrived at their homes on time. All of the people we spoke with were satisfied with this aspect of the service. Some people felt that this had improved under the new owners of the service. One person told us, "Occasionally they are late but they always ring and let me know." Another commented, "I've never had a missed call." And another said they had been using the agency for three years and they had only had one missed call.

We looked at the way visits to people's homes were planned. We saw that the service, wherever possible, ensured that the same staff went to the same people. We spoke with the manager and senior staff and asked

how they ensured there were sufficient staff to meet people's needs. They explained that staffing levels were based on people's needs. If a person needed more than one member of staff to support them then an extra member of staff was allocated to them. In the event of unforeseen staff shortages senior staff were deployed to cover shifts. We saw written documentation that confirmed this and plans for the event of emergencies.

We asked the registered manager if there were ever any missed calls. The manager regularly monitored the service for this and was able to confirm that this was a rare occurrence, and over time this had decreased. When missed calls had occurred the service had made appropriate safeguarding referrals to adult social care that allowed for these to be investigated to prevent them from reoccurring.

We looked at the medication records for the service. We saw that there were systems in place to ensure that medicines were managed safely. The service was aware about the different levels of support that people required and their medicine support plans correctly reflected this.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. This included a detailed business contingency plan that was implemented should severe weather occur. Each person who used the service was assessed as to their levels of dependency. Those who had a high dependency, for example those with no relatives or carers, were given priority over others in the event that the service could not function normally.

We saw that the service regularly reviewed risks to people and carried out an initial assessment of their home environment. This was done in a sensitive manner and risks were managed with the person and their family members, where appropriate.

# Is the service effective?

## Our findings

We spoke with people who used the service and asked if they thought the staff knew how to support them properly. One person told us, "Yes they know what they are doing." Another added, "The carers are often talking about the training they've had, and I think you can tell as they are all very professional but friendly at the same time."

We spoke with staff and asked them if they felt well supported and correctly trained. All staff told us that they were supported by their manager. One said, "It's proper training." Another stated, "training is good I feel well supported."

We looked at supervision and appraisal records for staff. The service policy stated that all staff received three supervisions per year and an appraisal. Two of the supervisions involved staff being observed whilst they worked. Supervisions and appraisals were carried out by the manager and her senior staff. We saw that all supervisions and appraisals were up to date.

We looked at training records for the staff and saw that they had received adequate basic social care training. This included infection control, moving and handling and health and safety. Some staff needed to complete refresher training. The majority of staff had undertaken additional training leading to vocational qualifications. New employees completed a comprehensive induction which included learning from experienced staff. At the end of the induction training all new starters were given a staff handbook with all key policies and procedures in as well as standards of expected professional conduct.

We examined how the service supported people to make their own decisions. People we spoke with lived as independently as possible in their own homes and were keen to remain there with the support of the service. We saw that the service supported people in making their own decisions. The service was involved in making best interests decisions for people who lacked the capacity to make certain choices. The service was aware of independent advocacy services to support people to make informed decisions about their lives.

We looked at how staff supported people to take adequate nutrition and hydration. We saw that the service operated both day and night. This helped ensure that people who required support with their meals were provided with it throughout a 24 hour period. Support varied from cooking people's meals to leaving food within easy reach. Not everybody who used the service required this support. Information about people's nutritional intake was documented by staff on a daily basis where this had been assessed as appropriate.

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people's care.

## Is the service caring?

### Our findings

We spoke with people who used the service and asked them if they thought that both the service and the care staff had a caring attitude. One person told us, "Yes they are caring. The carers are wonderful. Even the new carer is grand." And another said, "Carers always asks can she do anything else for you."

One person gave an example of how caring staff were. "There were problems with the dial on my cooker and she (care worker) said, I am not going until your cooker is sorted. And she didn't. She knew I would have worried about it otherwise."

We were unable to observe staff working with people in their own homes. However the staff and people who used the service that we spoke with assured us that the service provided professional staff who had a caring and friendly attitude. We read daily records written by the staff that reflected this. We also observed staff taking phone calls from people who used the service, staff were pleasant and polite at all times and were keen to resolve any issues people had raised.

The service ensured that people lived as independently as possible. This was because the service was designed to ensure that people lived safely and independently in their own homes.

Due to the nature of the service provided staff often had to access people's property with a key. This was because some people had mobility problems and had agreed for staff to have access to their homes so they were able to be supported. There were written plans in place to ensure that staff alerted people to their presence once entering the home. Staff we spoke with knew that maintaining people's privacy and dignity was important.

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.

We saw that on occasion staff contributed towards the care of people at the end of their lives. The service had arranged suitable training for staff to enable them to support people properly and they worked in conjunction with district nurses.

# Is the service responsive?

## Our findings

We asked people for their views about the service and how the service made sure they received care and support that met their needs. People we spoke with said they had received a visit from the registered manager or a senior manager before the care package started. Some said that they spent some time talking to the agency about their needs, likes and dislikes and preferences for meeting their care needs. One person told us, "They are always double checking what else they can do for me and say if you need anything else just ask."

Some people told us that the agency was particularly good at communicating on their behalf with other services such as hospital and GPs. One relative said, "The company are very reliable and when my mother has been in hospital and is ready to leave she only has to make one phone call to the company and they organise for her to return home the next day."

All of the people we spoke with were aware of the care plans and that a copy of the plan was available in their own home. A relative said that they had been very involved as a family in helping to draw up a care plan. They told us, "We feel that the care plan was nicely translated so that the care is personalised to our relatives preferences and desire to be as independent as possible."

We looked at the written records of care for people who used the service. We saw that initial home based assessments were carried out to establish people's needs. For example people were assessed as to the level of needed support with personal care. An assessment was carried out to identify precisely the support required including whether they required more than one person to support them. For another person we saw that there was a risk of malnourishment. An assessment had taken place and the care plan outlined how this person was to be monitored and supported in order to ensure they took good diet.

Records we looked at showed that people and their relatives had been involved with the assessment of their needs and part of the decision making about how their needs would be met by the service. In some of the care plans we looked at we saw detailed information about individuals that provided personalised information about their preferences, likes and dislikes.

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 new provider had formal systems for ensuring that both copies were up to date.

People who used the service had access to their care plans as a copy was kept in their homes. Reviews of care plans were carried out regularly and involved the person receiving support. Their relatives and other health and social care professionals were invited to these reviews. We saw that where necessary people had been referred to other professionals. One relative told us, "It (care plan) was reviewed and updated last week. The main carer comes every six months to review the care plan with my mother and I. But we can

always ring up the office or speak to the carers if we have any issues or changes that need to be made."

We asked people if they knew how to raise concerns about the service they received. People told us that they felt comfortable telling someone if they were unhappy about Human Support Group Ulverston. Everybody we spoke with told us they would contact the office.

We saw that the service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

The registered manager explained that complaints were often resolved informally. The service had a record of all previous complaints. When we examined this we found that the service complied with its own policy in terms of resolving complaints in a timely manner. We also noted that previous complaints had generated action plans that had been used to improve the service.

## Is the service well-led?

### Our findings

People who we spoke with felt that the service was well run. All said that it was reliable and responsive the majority of the time. Those that had an issue, for example about a missed call or a complaint felt that it had been dealt with to their satisfaction. They said that they had not been made to feel awkward about raising issues and felt that their opinions were welcomed and valued by the organisation.

Some people told us that they had noticed that the agency was running more efficiently since Human Support Group had taken over. People and their relatives using the service had been made aware that new standards and procedures had been introduced and they felt this had improved the service. One relative said, "There used to be a high turnover of staff but there is a very nice group of the same staff now." Another relative said, "Communication is good." And said of the service "everything works perfectly."

One person said, "I can pick up the phone and be put through to the manager, and the office staff are very friendly and efficient."

The registered manager of the service had responsibility for two other Human Support Group offices in Cumbria, based at Whitehaven and in Carlisle.

We saw there was a clear management structure in the service. The manager had a deputy in place and senior carers who oversaw the running of the service when the manager was not present. The manager reported to an area manager who visited the service monthly and was in regular telephone contact.

When we spoke with staff they were complimentary of the manager's style and told us that they liked working for the service. One member of staff told us, "It's good here, I enjoy it."

We saw evidence that questionnaires were sent to people who used the service and their relatives. They were designed to ascertain whether people were satisfied with the service they received. The returned questionnaires were analysed and action plans created.

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