

The Human Support Group Limited

Human Support Group Limited - Heywood

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

The Human Support Group Limited is a domiciliary care service providing personal care and support to people in their own homes. At the time of our inspection care was being provided to 87 people.

On our last inspection on 26 January 2015 the service was rated as Good; on this inspection we found the service remained Good. The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. Checks were carried out on staff to assess their suitability to support vulnerable people.

Staff received regular supervision and the training needed to meet people's needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

The service was responsive and people received individualised care and support. People were encouraged to make their views known and the service responded by making changes. The registered manager said they welcomed comments and complaints and saw them as an opportunity to improve the care provided.

The vision, values and culture of the service were clearly communicated to and understood by staff. A quality assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

People were cared for by staff who knew them well. Staff treated people with dignity and respect. Care was taken to ensure care staff were able to communicate with people using their preferred language. The manager and staff had a good understanding of equality, diversity and human rights.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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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 19 December 2017 and was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one 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.

We spoke with twelve people who used the service, two relatives, three care staff, the registered manager and the area manager. We looked at four people's care records, three staff files and four medicine administration records. We also looked at a range of records relating to the management of the service. We looked at a variety of policies and procedures including safeguarding, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Before the inspection we looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, this tells us what the service does well and the improvements they plan to make. This ensured we were addressing any areas of concern.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe. One person we spoke with told us, "It helps me feel safe knowing someone is coming to help me, they are lovely people."

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "The service really drum it into us about safeguarding, I wouldn't hesitate to report something to my manager if I was concerned."

People did not always feel that there was enough staff to provide safe and effective care. People sometimes had unfamiliar staff sent to support them. One person told us, "The staff are nice, but I don't always know them, it is easier if they know me and the way I like to do things." Another person told us, "Sometimes there are different faces but they are lovely girls and I've never had to complain about any of them." We asked the registered manager about staffing and they acknowledged that they have had some staffing problems due to sickness and workers leaving the organisation. The registered manager acknowledged that there had been some issues around staffing and told us, "We are going to recruit new workers within the next month which means that we can work the teams out so people are more likely to get the same carers."

People's care plans contained risk assessments which included risks associated with; moving and handling, pressure damage, falls and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of choking. This person's care record contained an 'eating and drinking plan' which gave guidance to staff on reducing the risk associated with each care task. Staff were aware of this guidance and told us they followed it.

The provider continued to have safe recruitment and selection processes in place. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

Some people required assistance to take prescribed medicines. Where this was the case guidance for staff on what to do to keep people safe was in place and easy to use. Medication administration records were maintained to record that people received their medicines as prescribed. Staff administering medicines had been trained to do so. The provider had a clear system in place to respond to any errors with the administration of medicines. The systems in place showed people were kept safe from the risks associated with the management of medicines.

The provider had a policy in place for investigating accidents and incidents. This detailed the steps involved and included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. This meant the registered manager and staff had clear guidance on how to investigate accidents and incidents and learn and make improvements.

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act.

Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager). Unannounced spot checks were also completed to check whether staff continued to work with people safely. The staff told us the registered manager checked their knowledge, whether they supported people in the way they wanted to be supported, used protective equipment to maintain infection control standards, arrived at the correct time and whether they were suitably dressed. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "We must always assume that people can make their own choices unless there is evidence to suggest otherwise."

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. People told us that the staff recognised changes in their health and sought prompt care. One person told us, "My carer rang the doctor to ask them to come out to me, I hadn't realised how poorly I was until the doctor came, it shows how well the carers know me."

People's care records documented how their needs were met. This included when and how care was provided. Individual plans were in place and specialist input from other professionals had been obtained when required. One person told us, "I have had more encouragement from the care staff than I had from the hospital and advice on equipment to use to make things easier for myself."

One care worker explained that any equipment that was required in order to provide effective care for people who used the service was provided. Equipment required for moving and handling procedures was supplied following an assessment by an occupational therapist.

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. People's comments included; "Carers are very good, no complaints at all, they are very great"; "They are kind, gentle, not nasty or anything." A relative said, "[Name] gets on well with most of them, he has one person he prefers, they [carers] do more than I expected them to do."

Staff we spoke with described how the caring culture of the service was supported by the provider and the registered manager. One staff member said, "Our new registered manager is very driven in terms of providing top notch care and she is working hard to improve things as we have had some challenges with staffing recently, she takes a personal interest in all the people we support."

The provider had a policy on equality and diversity. The care planning system in place included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Staff understood the values of the service, recognised the importance of ensuring equality and diversity and human rights were actively promoted.

People's privacy and dignity was respected. Where personal care was delivered, people told us the staff took time to ensure they were covered up with a towel. One person said, "The girls always consider my feelings when I am being helped in the bathroom, they keep me covered up as much as possible to maintain my dignity."

People were encouraged and supported to be as independent as they wanted to be. One person told us, "They encourage me to keep doing what I can, but they help me on my bad days. I'm very fond of some of them, we have a good relationship."

Information about people was kept securely. The registered manager ensured that confidential paperwork was collected regularly from people's homes and stored securely at the registered office.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff.

Throughout our inspection we were struck by the caring and compassionate approach of staff. Staff morale was positive and they were enthusiastic about the service they provided. Staff we spoke with told us they would be happy for someone they loved to be cared for by The Human Support Group Limited.

Is the service responsive?

Our findings

The service continued to be responsive. People's care records contained details of people's likes, dislikes and preferences. Staff were knowledgeable about people's needs and reviews were carried out to ensure the records matched how people wanted to be supported. The staff completed records of each visit which provided a brief overview of the care provided and any changes to their wellbeing.

People's care plans guided staff on promoting independence. For example, people's care records gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs.

Most of the people we spoke to received support at the time they wanted and staff arrived when expected. Three out of the twelve people we spoke to said that sometimes the staff are late. A staff member told us, "Sometimes we are a bit rushed because they put extra people onto our list and I hate to be late for people when they are waiting for care." We asked the registered manager about this, who told us, "We are reviewing the call runs within the next month which we hope will make them more efficient so staff have less travelling to do, so that they can get to people on time." People told us where staff may be late, they would receive a telephone call to explain and that staff apologised for the inconvenience.

People and relatives were confident to raise concerns and that they would be responded to effectively. One person told us, "In the past it was sometimes difficult to get hold of the office if I had a problem or wanted to tell them something but recently this has improved". The provider had a complaints policy and procedure in place. Records showed that complaints had been responded to in line with the provider's policy and to the satisfaction of the person making the complaint.

At the time of the inspection the Human Support groups Limited was supporting some people at the end of their lives. We saw that staff received training as part of the induction process and a group of staff had been nominated to complete a Northern Advisory Council for Further Education Certificate (NCFE) in end of life care in 2018. This course is aimed at those whose careers involve caring for people and will prepare staff to help manage pain and discomfort for people coming to the end of their lives. The course includes learning how to facilitate ways the person receiving care can be supported to help themselves and covers the necessary actions to be undertaken to respect the person's dignity, whilst upholding values held by their family and their cultural beliefs.

Is the service well-led?

Our findings

The service remained well-led. There was a registered manager in post that recently joined the service in October 2017.

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 staff felt part of a supportive team and told us the registered manager was approachable and listened to them. People knew who the registered manager was and felt the service was well led. The provider sought people's views on the quality of service provision during any review and annually using a satisfaction survey. We saw feedback was positive, however if people had raised any concerns this was addressed straight away with the person.

There were systems in place to monitor, analyse and improve the service, for example surveys for people using the service. The registered manager completed regular audits which included: staff files, care plans and training. Where improvement actions were identified these were passed to the staff for action and the registered manager monitored to ensure actions were completed. Accidents and incidents were recorded and monitored to look for ways to minimise the risk of a recurrence. The registered manager conducted regular audits and had a good oversight of the care plans and related documentation.

We saw that the service had received many compliment cards from family members and people who used the service.

The registered manager demonstrated to us that they were keen to work alongside other services such as commissioners and the local authority in order to support people's care needs and share information where needed.

We saw that the registered manager had developed an action plan that clearly outlined outstanding work to be done and provided a timeline for actions to be completed. This action plan included the recruitment plans for staff, the need for which has been identified during the inspection process. This shows that the provider is committed to improving the service.

Staff told us the service was well-led, open and honest. One staff member told us, "I feel so well supported by the management, everything is well organised and it's a lovely atmosphere to work in."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

