

The Human Support Group Limited

Human Support Group Limited - Gloucester

Inspection report

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14 January 2019

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Ratings

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

Summary of findings

Overall summary

About the service:

Human Support Group – Gloucester is a domiciliary care agency (DCA). At the time of the inspection the agency was providing personal care to 94 people who lived in their own homes.

Why we inspected:

We had received information of concern that actions were not being taken to protect people from alleged abuse. As a result, we undertook a focused inspection to look into those concerns and our findings are noted in this report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Human Support Group – Gloucester on our website at www.cqc.org.uk

We found the characteristics of Good had been maintained for both key questions inspected on 14 January 2019. The service rating therefore remained 'Good' overall.

People's experience of using this service:

We inspected the systems and processes which ensured people remained safe and the service was well managed.

Risks to people from potential abuse and harm had been assessed and action had been taken to reduce such risks. There were enough staff available to ensure people received their care visits and systems in place to respond to any unplanned alterations in people's planned visits. Staff were safely recruited, medicines were managed safely and steps taken to reduce the spread of infection.

At the time of our visit an application to the Care Quality Commission (CQC) by the branch manager to be the registered manager of Human Support Group – Gloucester was being processed by CQC. This has been successfully completed and there is now a registered manager in position at the Gloucester branch.

The registered manager managed the service effectively. They implemented the provider's systems to ensure people received the support they required. Senior managers supported this by quality monitoring the service provided to people and reporting their findings to the registered manager. Where the registered manager identified risks or improvement required to the service provided to people, they took action to address this.

Rating at last inspection:

The last rating was Good (report published 30 October 2017).

Follow up:

We will monitor all intelligence received about the service to inform us of the service's progress and of any risks, and to help us plan the next inspection accordingly.

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.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Human Support Group Limited - Gloucester

Detailed findings

Background to this inspection

The 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 was an announced focused inspection of Human Support Group – Gloucester on 14 January 2019. This inspection only looked at two key questions, Is the service safe and well-led?

There had been no other concerns relevant to the other key questions, Is the service effective, caring and responsive so these were not inspected. All key questions at the last inspection were rated as Good.

Once in receipt of these concerns we discussed these with the registered provider and with the local authority who investigated these in accordance with locally agreed safeguarding protocols.

Notice of Inspection:

We gave the service 48 hours' notice of the inspection visit because it was possible that supporting staff may be out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection team:

Two inspectors carried out this inspection.

Service and service type:

The service met the personal care needs of older and younger people, and those who lived with dementia, a learning and physical disability and mental health needs.

There is a registered manager in position. A registered manager, like a registered provider, is legally

responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before we visited the service, we reviewed the information we held about it. This included notifications from the provider. Notifications are information about important events the service is required to send us by law. A Provider Information Return (PIR) was not requested prior to this inspection. A PIR is a form we ask the provider to send us annually, which gives some key information about the service, what the service does well and improvements they plan to make. We took this into account during the inspection.

During our visit to the office of Human Support Group – Gloucester we spoke with the registered manager and two other representatives of the provider. During this inspection we did not gather the views of people who used the service because our inspection focused on what systems and processes the service had in place to keep people safe. We reviewed all notifications we had received from the provider and inspected relevant records pertaining to these. We reviewed, staff recruitment files, records relating to the care and support people received and records relating to the management of their medicines. We also reviewed the provider's last quality monitoring audit and current improvement action plan.

We requested and received a copy of the provider's 'Adults at Risk – Safeguarding' Policy and Procedures and Statement of Purpose.

We requested feedback about the service from adult social care commissioners and did not receive any response of concerns.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes; assessing risk, safety monitoring and management.

- ☐ Staff had received training on safeguarding adults and on the provider's relevant policies and procedures for managing risks and maintaining people's safety. Staff knew how to report concerns they may have in relation to safeguarding people or about the practices and behaviours of colleagues.
- ☐ When concerns were raised with managers these were acted on to reduce potential or actual risk to people.
- ☐ Senior staff were aware of the local authority's safeguarding processes and shared information with relevant professionals and other agencies to help protect people from abuse.
- ☐ Risk assessments were completed to identify and manage risks to people's health, their well-being or the environment they lived in. These were reviewed by care managers who carried out welfare visits and spot checks to ensure these were kept up to date.
- ☐ Monitoring processes were in place to ensure staff practiced safely. Where required staff received additional training to support best practice.

Staffing levels.

- ☐ The registered manager ensured there were enough staff employed to carry out people's care visits. They organised the care visits and staffs' working rota's in such a way which minimised the risk of staff not being able to support people when needed.
- ☐ Staff recruitment records showed that checks were completed on staff before they worked with people in their own homes.

Using medicines safely.

- ☐ Staff received training on how to administer people's medicines safely. Spot checks on staff practices and records ensured staff competencies were maintained. There were procedures in place to ensure medicine administration met with safe practice requirements.

Preventing and controlling infection.

- ☐ Staff received training on how to deliver care safely and in a way which did not introduce or spread infection. Senior managers checked staff wore protective equipment such as aprons and gloves when providing personal care and when preparing people's food to prevent cross contamination.

Learning lessons when things go wrong.

- ☐ Processes were in place to support staff to reflect when things went wrong and to learn from these situations. This included, discussion around appropriate professional working boundaries and checking frequently the information sent to them about their allocated visits.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders promoted and supported high quality and person-centred care.

Leadership and management; managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- ☐ The registered manager had managed the service since July 2018 and received support from the provider's Human Resource (HR) department and their line manager as required to do this effectively.
- ☐ The registered manager was clear about their regulatory responsibilities and the risks and challenges the service faced, on a day to day basis, to ensure people received the support they required and were expecting.
- ☐ The registered manager completed regular checks and audits were carried out to identify any improvements needed to staff practice, or the agency's overall performance in organising and delivering people's care.
- ☐ Audits showed that mandatory training compliance was high and staff supervision was monitored and showed good compliance. Staff files showed that the service met Regulation 19 requirements for fit and proper persons employed (staff).
- ☐ Action plans were in place to follow up on issues identified so that improvements could be made. One of the provider's identified actions for improvement was for staff to ensure all care plans were reviewed and updated and included people's personal preferences. One of the provider's representatives informed us that this action was well on course for completion by the provider's intended date, which was at the end of January 2019.
- ☐ The service had effective systems to assess, monitor and manage risks to people's safety. Where safeguarding concerns had been raised action had been taken to address these.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- ☐ Staff, through training and the additional support available to them, were supported to understand their individual responsibilities to promote an open culture. For example, to report concerns which may compromise people's well-being or safety. We saw examples of when staff had raised concerns that action had been taken to address these.
- ☐ The registered manager explained the process for managing poor staff performance or risks relating to staff conduct. This included obtaining support and advice from their manager and the provider's human resources department.
- ☐ Where things had not gone to plan, for example, a care visit had been missed, the person had been contacted immediately to ensure they were safe, alternative support, where needed, had been organised and the person had been given an explanation as to why this had happened and an apology.
- ☐ The provider was also introducing a new care plan system, which would enable changes to people's care

plans to be made electronically. This would help ensure that care plans were always up to date and staff had access to relevant information about people's care at all times. Updated copies of these were to be made available to people in a format which met their personal needs or preference.

Engaging and involving people using the service, the public and staff.

- ☐ A new 'Care Experience Partner' role had been developed by the provider. As an experienced member of the care team this Care Experience Partner visited people and reviewed with them, their care plan. Depending on the person's needs and preferences the Care Experience Partner made necessary alterations to the care plans. This action supported improved person-centred care.
- ☐ Where there had been concern that some people may not have received care in a way which they would prefer, the Care Experience Partner had been involved in gathering feedback from these people and reviewing their care as needed.
- ☐ Staff feedback was sought when they visited the branch office, through electronic communications (by text and email) and during supervision meetings and spot checks.

Continuous learning and improving care; working in partnership with others

- ☐ The registered manager was keen to reflect on and learn from the management of incidents which involved securing people's well-being and safety. They had fully reflected on the concerns which had been reported to them and the subsequent action taken. They remained reassured that they had taken appropriate steps to reduce risks to people's well-being and safety following these.
- ☐ Further communication with the local authority was to be organised to ensure effective joint working was in place to help safeguard people.