

The Human Support Group Limited

Human Support Group Limited – Passmore Edwards Court

Inspection report

Passmore Edwards Court
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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

Human Support Group Limited Passmore Edwards Court provides care and support to people in an extra care housing location which had been designed to meet people's needs. The building contained 55 individual flats and had several communal areas for people to use including a restaurant, hairdressing salon and garden. 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. At the time of the inspection 30 people were receiving personal care.

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

People told us they felt safe being supported by staff. Staff understood risks to people and how to help reduce them. People received their medicines on time from staff who had received training in medicines administration. We have made a recommendation about the information available to staff to identify concerns that needed referring to external professionals.

People were supported by staff who had the skills and knowledge to meet their needs. Staff meetings were used to remind staff of best practice and to discuss any concerns about people's needs. Staff told us they felt well-supported by senior staff and the manager.

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.

People felt cared for by staff. Staff spoke about people with affection and empathy. Staff respected people's diverse characteristics and were clear that each person's individual needs were their priority. People told us they felt listened to and their privacy and dignity were respected.

People were able to make choices about their life and how their care and support were provided. This information was reflected in people's care plans. Staff understood the importance of respecting people's wishes and choices. The manager and senior staff supported people to plan activities and events. This helped cultivate a sense of community amongst people. We have made a recommendation about the accessible information standard (AIS).

People and staff told us the service was well led. People were given various opportunities to provide feedback about the service. The manager and senior staff had developed positive relationships with local organisations, which helped ensure people had their needs met promptly. Staff told us they enjoyed working at the service and that the team worked well to support each individual's needs.

Rating at last inspection This service was registered with us on 18/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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.

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

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

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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

One 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.

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 bought or rented 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 was in the process of registering with the Care Quality Commission. This means that they and the provider are 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 24 hours' notice of the inspection. This was because we needed to be sure that the

provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 October 2019 and ended 10 October 2019. We visited the office location on 7 October 2019.

What we did before the inspection

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 spoke to the local authority quality assurance team and reviewed information we held about the service since its registration.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the area manager, manager, assistant manager and care workers.

Is the service safe?

Our findings

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

At this inspection 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

- People told us they felt safe. One person commented, "If I need something I push my lifeline. I feel very secure."
- People were protected from the risk of abuse by staff who understood their responsibilities to keep people safe and protect them from harm.
- Staff were confident reported signs of suspected abuse would be taken seriously.
- People had access to information about safeguarding and how to stay safe.

Assessing risk, safety monitoring and management

- Staff had a good understanding of how to keep people safe. Staff and records described how staff had identified potential risks to people and with consent from people, had been able to reduce risks.
- Support plans contained guidance for staff about entering people's property.
- People who had consented were a part of the Herbert Protocol. This is a national scheme which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing.
- A call system was in place, so people could request staff assistance between allocated call times.
- Some people had risks relating to their health needs. When these were managed by external healthcare professionals, information was not always recorded to guide staff when to contact the relevant professional.

We recommend the provider reviews people's records to ensure they contain guidance for staff about how to recognise possible risks.

Following the inspection, the area manager confirmed the records reviewed during the inspection had been updated.

Staffing and recruitment

- People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.
- Staff told us they had enough time to support each person. Records showed action was taken when people's needs increased to help ensure they had the right support to meet their needs. Staff also told us, "If anyone has ever been unhappy with times, [the manager] has always adapted them to suit people."
- There were enough staff available to keep people safe. People confirmed the correct number of staff always attended calls and for the allocated time.
- Some people told us they would like a copy of the rota but did not receive one. Following this feedback the provider decided to update the process used to identify people who liked to receive a copy of the rota.

- A new computerised care planning system meant calls to people were recorded as they occurred. This was monitored throughout the day to help ensure people got the right support at the right time.

Using medicines safely

- Medicines were managed safely. Staff were appropriately trained, and people's care plans described what level of support they required with their medicines.
- Where required, people also received support to order and collect their medicines.
- Regular audits identified areas for improvement. These were reported to the manager who took action to make any required improvements.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received infection control and food hygiene training.
- Staff told us there was plenty of protective equipment, such as gloves and aprons, available to them, to help reduce the risk of cross infection.

Learning lessons when things go wrong

- Staff knew how to report accidents or incidents.
- Records showed appropriate action had been taken following any accidents or incidents.
- Previous incidents or accidents were also reviewed to identify any themes to reduce the risk of a similar incident occurring in the future.

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.

At this inspection 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

- People's needs and preferences for their care were assessed before receiving support from staff.
- The manager confirmed people were asked at this time for any support they required related to protected characteristics under the Equality Act 2010.
- Health and social care professionals were regularly consulted to help ensure people's care and support reflected best practice.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were skilled to meet their needs. Feedback received by the service from people included, "Every member of staff is really good" and "Carers are happy and positive and work hard at all times."
- New staff completed an induction which included shadowing experienced staff. Staff confirmed, before working alone, they were asked whether they felt confident and could extend their shadowing period, if required.
- Staff told us they had the knowledge and skills they needed to meet people's needs. They also told us they were able to contact senior staff for help or advice, whenever needed.
- Regular supervisions, observations and spot checks of staff's work were completed to help ensure staff were meeting the standards required by the provider.
- Staff communication records and handover between staff were used to keep staff up to date with people's changing needs.

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

- Staff were aware of people's dietary needs and preferences.
- People's records described what support people needed with preparing meals or eating.
- Any risks relating to eating and drinking were recorded in people's records and staff understood how to reduce the risk.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with a range of organisations on behalf of people, depending on their individual support needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff understood and met people's health needs and what support they needed. A compliment received by the service from a family member regarding staff support during an emergency, described staff as, "Professional and efficient."

- Health and social care professionals visited people regularly and any advice relating to treatment was used by staff to help ensure people's needs were met.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- At the time of the inspection, no-one receiving support lacked the capacity to make their own decisions. • Staff had received training and understood the principles of the MCA.
- People had been asked to sign their care plans to confirm they consented to the care they received, as described in their care plan.

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.

At this inspection this key question has been rated as 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 felt cared for by staff. A compliment received by the service stated, "You are a wonderfully caring and hard-working group of people."
- Staff talked about people with kindness and compassion. Time at a recent staff meeting had been allocated to updating staff about people who were currently in hospital. Another staff member describing a lady who had recently chosen to move back into the service said, "She is so proud of her flat, she has had it all done up. It's great to see."
- Staff understood the importance of treating people equally and fairly. Information was included in people's care plans to guide staff about any specific needs people had.
- Staff showed concern for people's wellbeing in a caring and meaningful way. People regularly came to the office to seek advice or help. This was always met with empathy and assistance. A staff member told us, "They know they can come to us if they want any help. We will arrange transport to hospital and an escort if need be. It's just doing that little bit extra."

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

- People told us, they were involved in decisions about their care, staff listened to them and took appropriate action. A compliment received by the service stated, "Thankyou for all you have done for me, most of all being listened to and understood."
- Staff gave us examples of how they used different forms of communication to help people understand information and make decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected.
- Care plans guided staff to knock before entering people's properties. Staff were able to describe what was important to each person to maintain their privacy and dignity.
- People told us they were encouraged to be as independent as possible. A compliment received by the service stated, "Thankyou so much for helping to give [...] a little longer to live independently."

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as 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 were involved in planning their care and making decisions about how their needs were met.
- People had care plans that explained how they would like to receive their care.
- Staff told us people's care plans contained the information they needed to meet people's needs. One staff member commented, "Yes, I find the care plans useful. When I started they were my bible!"
- Staff understood the importance of providing individualised care and support to each person. Comments included, "It has to be around that client, their needs and their wishes, choices and rights" and "People like the fact that you know their routines."
- People were empowered to make choices about their care and support. A staff member told us, "Their needs always come first."

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 manager had not been aware of the AIS; however, there was currently no-one being supported who needed their information in different formats.

We recommend the provider takes action to ensure all staff understand the requirements of the AIS.

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

- People were not all in receipt of support with social activities. However, the manager and deputy manager understood the benefits to people and to creating a sense of community, of planning and partaking in meaningful activities.
- The manager had facilitated discussions and meetings about possible activities. People were then encouraged and supported to arrange these themselves. A summer fete was reported as having been a success. The manager described how being involved in planning it, had helped one person regain a sense of wellbeing and confidence.

Improving care quality in response to complaints or concerns

- People had all been given a copy of the provider's complaints procedure.

- Staff understood how to support people to make a complaint but one staff member explained, "If there is an issue residents will go straight to office."
- The service had only received one complaint. This had been investigated, responded to and learning shared with staff.

End of life care and support

- No-one was receiving end of life care at the time of the inspection. However, the manager was clear that they and staff would do whatever they could to enable people to stay in their own home at this time.

Is the service well-led?

Our findings

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.

At this inspection this key question has been rated as 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

- The manager and senior staff were clear about their aim of providing person-centred care and this was reflected in the way staff spoke about how they supported people. Feedback received by the service included, "They provide great quality care".
- The manager understood the importance of people being included and empowered within their own community and facilitated ways people could be involved.
- Staff told us the manager and deputy manager had recently covered calls themselves due to sickness and annual leave. Staff told us they felt this showed how committed they were to the people receiving care.

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

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and deputy manager were new in post but were being supported by the area manager in their roles. A staff member told us, "The support from Human Support Group is very good. The area manager is always on the end of phone."
- Systems and processes were in place to ensure staff were providing a quality service to people.

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

- The manager valued people's feedback about the service. People and those important to them had opportunities to feedback their views about the quality of the service they received.
- Staff told us the management team were open and approachable and listened to them.
- Staff were positive about how the service was run. One member of staff told us, "I love it here."
- Staff meetings were held regularly and were used to remind staff of best practice; as well as providing an opportunity for staff to discuss any concerns or ideas they had.

Continuous learning and improving care

- Staff, the manager and the provider completed regular checks on the quality of the service. Action was taken where improvements were identified.
- A senior staff member was keen for the service to aim for an outstanding rating. They had requested staff share any ideas or suggestions to help achieve this.
- Following the inspection the area manager contacted us to confirm the manager had already acted on feedback provided during the inspection.

Working in partnership with others

- The home worked closely with key organisations to support people to receive the care and support they required.
- Regular meetings were held with a representative of the company that owned the building. This helped ensure any concerns people had were known and dealt with promptly.