

# The Human Support Group Limited

## Human Support Group Limited - Plymouth

### 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

Human Support Group is a domiciliary care service that provides care and support to adults of all ages in their own homes. The service provides help with people's personal care needs in Plymouth and surrounding areas. Some of the people supported received ongoing care and support; others only received the service short term, when they had rehabilitation needs. This was called the re-ablement service and people only received support from it until they become independent again. At the time of the inspection 264 people were receiving support with personal care needs.

A registered manager was employed to manage the service locally. 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 were separated into six teams which were each managed by a co-ordinator. There was a team of office staff who also supported the registered manager in the running of the service.

People told us they felt safe using the service. Comments included, "I feel very safe indeed. They certainly know what they are doing." Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

People received support from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "I do consider them to be skilled and conscientious."

People had detailed care plans in place which provided guidance for staff about how people liked their care provided. A staff member told us, "Care plans are detailed. They tell us what we need to do. You never feel lost as to what you should be doing." People told us staff always respected the way they liked things done and respected their home and belongings.

There was a positive culture within the service. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared by the whole staff team. The registered manager said part of the recruitment process was to ensure any new staff would fit in and understand the values of the service. Staff members reflected the ethos of the service in the way they worked. People described the staff as being particularly caring and attentive to their needs. One person told us, "They're carers in the true sense of the word."

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. No-one receiving support was assessed as lacking capacity but staff members were aware of when someone may need to receive a mental capacity assessment and who to report this to.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by other senior staff who had designated management responsibilities. People told us they knew who to speak to in the office and had confidence in the management and staff team.

Information was used to aid learning and drive improvement across the service. The manager and staff monitored the quality of the service by regularly undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service.

## 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.

People told us they felt safe when being supported by staff members.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they suspected or witnessed abuse or poor practice.

Risk assessments were in place which identified risks to people and gave staff guidance on how to mitigate the risks.

Recruitment practices were robust and staff were deployed in sufficient numbers to keep people safe.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff received a thorough induction; and training was updated regularly.

People, where necessary, were supported to see health care professionals.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with respect.

Staff supported people to improve their lives by promoting their independence and wellbeing.

## Is the service responsive?

Good 

The service was responsive.

Care plans were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took any concerns seriously and acted on them in a timely and appropriate manner.

## Is the service well-led?

Good 

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

Staff were motivated and inspired to develop and provide quality care.

Thorough quality assurance systems drove improvement and raised standards of care.

# Human Support Group Limited - Plymouth

## **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.

The inspection took place on 23 and 24 August 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure someone would be present in the office.

The inspection was made up of two inspectors 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.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with 14 people and four relatives. We reviewed seven people's records in detail. We also spoke with five staff and reviewed five personnel records as well as the training records for all staff. We were supported on the inspection by the registered manager.

Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires to people who use the service, minutes of meetings and policies and procedures.

## Is the service safe?

### Our findings

People felt safe. People felt comfortable speaking with staff and everyone we spoke with told us staff would address any concerns they had about their safety. Comments included, "I feel very safe indeed. They certainly know what they are doing."

People were protected by staff who had an awareness and understanding of signs of possible abuse. One member of staff commented, "We had safeguarding training on induction. Any issues, I would report it or keep going higher if I needed to." Staff were up to date with their safeguarding training and the PIR stated that there was an open door policy in place at the office to help ensure staff felt confident discussing any concerns. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. During the inspection a staff member reported a potential safeguarding concern about someone they had supported that day. The registered manager immediately alerted the local council safeguarding team and ensured all measures were taken to help ensure the person stayed safe.

People's safety was promoted by staff who understood how to help people feel safe at home. Support plans provided details for staff about what had been agreed with the individual about staff entering their home and any specific arrangements for ensuring the safety of the individual, their property and belongings. People and their relatives confirmed staff followed the support plans and, if they let themselves into the person's home, always called out immediately so they knew who was there. One staff member told us, "If it's the first time I've visited a person, I make sure I show them my identity badge and explain who I am." Staff ensured people were safe before leaving them at the end of the visit. A relative told us staff had smelled gas in their home during one visit. They explained, "They told me to ring the engineer straight away. They insisted we got it sorted straight away whilst they were there and helped us open all the windows. They informed the office too."

People were supported by suitable staff. Effective recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. A staff member explained, "I wasn't allowed to work until my references, DBS (disclosure and barring service) and driving checks had come back." The registered manager told us the recruitment process was thorough to help ensure new staff had the appropriate skills and knowledge required to provide care and meet people's needs. They told us, "It's a very robust process. We give candidates scenarios in the interview to explain what they would do."

There were sufficient numbers of staff available to keep people safe. As far as possible, people had a designated team of staff who supported their needs. Staffing levels were determined by an assessment of need and the tasks and wishes of the individual. People confirmed the correct number of staff always attended calls and for the allocated time. For example, if two members of staff were needed to support someone to move, two always attended. One person told us, "They don't rush. They stay their full time." The computer system used by the service alerted staff in the office if no staff had attended someone's allocated call. This helped ensure calls were not missed. People confirmed they did not have missed calls, staff were

rarely late and any delay to staff arriving was communicated to them. People and staff had telephone numbers for the service so they could ring during office hours and in the evening and weekends if they needed to.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. The risk assessment included the level of risk as well as action needed to minimise the risks where possible. For example when a person needed support from staff to move, there was a risk assessment in place which gave staff guidance about how to do this safely. It included what equipment the person used and how, and if there were any other complicating factors, such as unpredictable body movements that needed to be taken into account to keep the person and staff safe. A relative explained, "We see the same staff regularly but they never get complacent. They always explain to my wife to sit back in the wheelchair so they can move her safely."

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and these were acted on promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future.

Some people required assistance from staff to take their medicines. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines; and staff who administered medicines had received training. People's individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff. These guidelines also included information about people's medical history and how they chose and preferred to be supported with medicines. Where necessary records were kept in the person's home of any medicines administered and these were checked regularly by staff and management to ensure they were correct and well maintained. Some records had gaps in them. These were often because the person had cancelled the call but this had not been recorded. The provider was in the process of reviewing how staff recorded these occasions to help ensure records were accurate. People confirmed, "They do the right time and the right amount. I haven't had any trouble" and "They help with my creams. They always remember to do them." A relative added that staff were helpful in always alerting them if their family member's medicines needed reordering.

## Is the service effective?

### Our findings

People received support from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "I think they are skilled and experienced", "I do consider them to be skilled and conscientious" and "I think they are experienced and know how to support people."

New members of staff completed a thorough induction programme. This included being taken through the service's values, policies and procedures, and included training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Experienced staff completed feedback about new staff's performance to help senior staff decide when they were competent to work alone. The registered manager was aware of the care certificate (A nationally recognised training course for staff new to care). They were using part of it to assess the competency of new staff; and stated in the PIR that the provider was in the process of planning how to implement the full care certificate as part of the induction process.

On-going training was planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs, for example training on supporting people living with dementia. Staff commented, "New training is put into our e-diaries on our phones" and "We get loads of training here. We always get called in for something. Training changes as rules change." One person described how staff had attended training at the local hospital to help ensure they understood how to support them before they returned home.

Staff received regular supervisions, spot checks of their work and annual appraisals. If any concerns about staff practice were found or reported, these were followed up with a further supervision or relevant training. A senior staff member told us, "We aim to do a minimum of two spot checks a year. These are followed by a supervision. If I find an issue during a spot check, I do another one."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager and staff had a clear understanding of the MCA and had attended training. Nobody receiving the service was assessed as lacking capacity but staff understood their responsibilities to report to the registered manager if they thought someone might lack capacity. For example, during the inspection, a staff member raised a concern about one person's capacity following some purchases they had made. The registered manager told us they would request a social worker to be appointed and assess whether the person still had capacity regarding their finances.

People told us the staff always involved them in their care and asked for their consent before providing support. One person said, "They always ask consent and explain what's they're doing." People had been

asked to sign their care plans to confirm they consented to the care they received, as described in their care plan.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced an assessment had identified a risk of choking when eating. Clear guidance was given to staff about how to minimise the risk to the person and a recent referral had been made to a speech and language therapist (SLT), to check recommendations in place were still best practice. Problems with eating, drinking or swallowing had also been discussed at a recent staff meeting to ask staff to report any concerns they had about people and to highlight how the SLT team could support people.

Some people who used the service made their own healthcare appointments and their health needs were managed by themselves or relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals. One staff member explained, "If someone is unwell, we would refer to other services, like the GP, community nurses or even 111." People confirmed, "The carers will ask me if I have spoken to the doctor and encourage me to do it, or they will ring up." A relative described how staff were attentive to people's health needs. They told us, "They notice things and tell us. They noticed the beginning of an ulcer. I dressed it and contacted the district nurse. We hadn't noticed it. They're very observant."

## Is the service caring?

### Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "They're carers in the true sense of the word", "I'd be lost without them. There's nothing they could do better. They're very, very good", "They're all very good carers. Helpful, kind and would do anything for you. Nothing's too much for them". Comments from relatives included, "I've got nothing but praise for them. Our ratings for the girls are 10 out of 10!" and "We can't fault them. They're wonderful." Staff members confirmed, "Every visit you do, you try to make people feel special. If it's a beautiful sunny day and they can't go out, it's up to you to bring the sunshine in" and "To make someone happy, makes me happy."

People told us staff were very motivated and compassionate about making a difference to people's lives. Comments included, "They go to the last mile to please me. They're wonderful", "There's nothing they wouldn't do. They'd go to the end of the world to make sure I'm comfortable. They're lovely." Staff told us, "It's the best thing when you can win someone round and finally get a smile. It's very rewarding." A relative confirmed, "Even at night, on a late call, they're always in good spirits."

People told us staff were respectful of them and their home. One person told us how impressed they were that staff always remembered to put things away in exactly the right place and made sure everywhere was tidy before they left. People's privacy and dignity was respected and staff were aware of confidentiality when visiting people. One person's care plan recorded that they required two staff members to help them move but when they were receiving personal care in the bathroom, only one staff member was to be present, out of respect for their dignity. A relative confirmed, "They treat [...] with dignity and always ask before they do anything." Another relative explained they were always asked to wait until their family member's personal care had been completed, before they entered the room. The family member concerned added, "That's how it should be!"

People told us staff knew them well and were sensitive to their wellbeing. Staff were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. Staff used this knowledge to help maintain people's wellbeing in a meaningful way. A staff member told us how a person they supported struggled to identify people. They explained, "They taught me a song they enjoyed. I would sing it to them when I went in and they would instantly know it was me." Another staff member explained, "Picking up on people's strengths and positives is important in making them feel special"; and one person confirmed "They're all as good as gold. They will have a little natter with me if I want to!"

People told us how the service had helped to improve their lives by promoting their independence. Comments included, "They encourage me to do some things for myself", "I do the bits I can" and "They help make sure I do the things I'm still able to do." Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. Staff members told us they gained satisfaction from supporting people to maintain or regain their independence. Comments included, "It would be easy for me to take over, to do things up or put things on for someone, but we re-enable, prompt, support, encourage. That's the name of the game!", "The best thing for me is when

you get someone re-enabled" and "I love re-enabling. To get the person to do things for themselves again is brilliant. It's like they get their life back."

People received care, as much as possible from the same care worker or team of care workers. Rotas were well organised. People had the option of receiving information about who would be supporting them and were kept informed of any changes, as far as possible. The PIR explained that weekly and monthly meetings were held to monitor whether people were receiving care from a consistent staff team. Changes were made where it was found people weren't.

## Is the service responsive?

### Our findings

People told us staff were responsive to their needs. For example, a relative explained, "They use my wife's wheelchair at night time to help her move as they know her legs are tired." Care plans included people's specific wishes about how they chose, preferred and needed to be supported. They were written using the person's preferred name and reflected how people wished to receive their care for example, where someone preferred to get dressed or washed. One person told us, "I have regular staff and they know exactly what to do." A relative explained, "I've told them to ring the bell and let themselves in, in case we don't hear them; and that's what they do. They still knock on the lounge door before they come in though."

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. One staff member said, "Care plans are detailed. They tell us what we need to do. You never feel lost as to what you should be doing." One person confirmed, "We're very happy with everything in the care plan."

People and where appropriate, those who mattered to them or advocates, were involved as much as possible in planning and reviewing their care. The PIR stated, "Good communication ensures service users and the family unit preferences are adhered to." A staff member confirmed, "When I go to a review I always say to people good or bad, tell us and we will resolve it. Don't put up with things if you aren't happy." One person described how they had requested male staff members and this had been respected.

People told us staff offered them choice throughout when providing any care. One person said, "They always ask what I want to wear; and they know where everything is." A relative confirmed, "They always listen to what my wife is asking for." A staff member explained, "It's the little things you do that matter to people; like whether they prefer their socks rolled up or down. It's a long day, sat there with them pulled up if they prefer them down!"

People and their relatives said they would not hesitate in speaking to staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would be resolved informally. Comments included, "We raised some concerns, they addressed them in a good time frame. They look into them and resolve them", "I raised a concern regarding times of visits. I rang the office, they dealt with it and sorted it out quickly" and "No complaints whatsoever, they are very nice to me." A staff member confirmed, "Any complaints are put onto the system and they won't come off until they are marked as being dealt with."

The service had a policy and procedure in place for dealing with any concerns or complaints. All compliments and complaints were recorded, followed up and resolved. The registered manager told us, "Overall, I oversee complaints to identify any trends and to find out ways in which to improve the service that is being provided." This helped ensure any improvements to practice were identified and implemented. For example, through monitoring complaints, it had been identified that communication with the social services team responsible for reviewing people's care, had not been as productive as possible. In response, more frequent feedback had been provided which gave the reviewing team more information on which to base their decisions. The PIR stated, "This process has improved the communication for all involved and

fundamentally, for the service user at the heart of the service."

## Is the service well-led?

### Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by other senior staff who had designated management responsibilities. People told us they knew who to speak to in the office and had confidence in the management and staff team. Comments included, "They are marvellous", "I think it must be well led. There is no reason to think anything else" and "I would recommend them. I would tell them what nice people the carers are and how they look after you very well." Staff members commented, "I can't think of anything they could do better!" and "There is literally nothing I could suggest to improve. I just love it!"

People all described the management as approachable, open and supportive. Staff were also positive about how the service was run. Comments included, "The managers are outstanding here", "I couldn't ask for a better manager", "There is an open door policy. You can always ask for help" and "The managers are brilliant. They know me very well and are really supportive."

Staff received regular support and advice from managers via phone calls, one to one supervisions and staff meetings. Staff members told us, "Team meetings are good for opening up communication. I find they work well" and "Anything that needs altering always gets done." Recent meetings had been used to highlight actions put in place following feedback received or audits carried out. This helped ensure any issues highlighted by these activities were resolved effectively.

Staff told us they were encouraged and supported to question practice and action had been taken. A staff member explained, "Any suggestions or ideas are taken on board. The managers are always open to new ideas. If you raise it, they consider it."

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. There was a positive culture within the service. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives. One staff member told us, "Human Support Group are very customer focused. The customer is put first. That's what I like." The staff had recently received an Excellence in Care award from the local authority based on the high quality support and care they had provided people with. Other compliments received by the service were shared with staff members and success stories were shared at team meetings.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

Information was used to aid learning and drive improvement across the service. The manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The PIR stated, "All feedback can be used to drive the service forward, to amend policies and procedures and to look at the service we offer." Meetings with senior staff were also held to gain a consistent overview of how each team was performing. Any shortfalls were identified and actions put in place to help improve the service.

There was an effective quality assurance system in place to drive continuous improvement within the service. The management team carried out spot checks to review the quality of the service provided. These checks included reviewing the staff competence and care records kept at the person's home to ensure they were all of a high standard. Questionnaires had been used to gain people's views of the service. Responses were collated to identify themes and any individual concerns were responded to. The PIR stated, "There are plans to look at other mechanisms, other than the written survey, to gain feedback from a wider audience. This will enable us to reach people who can't write back to us."

Thorough audits were carried out in line with policies and procedures on all aspects of the service. Areas of concern were identified and changes made so that quality of care was not compromised.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.