The Human Support Group Limited

Human Support Group Limited - Bristol

Inspection report

Suite D1, The White House
Forest Road, Kingswood
Bristol
Avon
BS15 8DH

Tel: 01174032748
Website: www.homecaresupport.co.uk

Date of inspection visit:
23 February 2017

Date of publication:
02 May 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Human Support Group Ltd provides care to people in their own homes in Bristol and the surrounding areas. The service is provided to people who have a range of needs including physical disabilities and age related frailty. At the time of our inspection, 65 people were receiving a service from the Human Support Group.

This inspection took place on 23 February 2017. The service had not previously been inspected.

There was no registered manager at the service. 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 provider had recruited a manager who was already in place at the time of the inspection. The manager told us they would be applying to CQC for their registration. The application to register the manager was sent in to CQC shortly after the inspection.

People did not always receive a service that was safe. Where people needed help with medicines, the administration of the medicines was not always recorded accurately. The new manager had introduced a monthly medicine audit after they started working for the service but there were a significant number of recording errors prior to this and no corrective action had been taken. People were safe from harm because staff were aware of their responsibilities and, knew how to report any concerns. There were enough skilled and experienced staff to safely provide care. Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff. Risks to people were assessed and action taken to manage these.

The service provided was effective. Staff received the training, supervision and support required to effectively 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. Where people required, staff supported them to eat and drink. Staff ensured people received assistance from other health and social care professionals when required.

People received a service that was caring. People received care and support from caring and compassionate staff who knew them well. Staff provided the care and support people needed and treated them with dignity and respect. People and, where appropriate, their families were actively involved in making decisions about their care and support.

The service was responsive to people's needs. People received person centred care and support. The service listened to the views of people using the service and others and made changes as a result. People were supported to participate in a range of activities based upon their assessed needs and wishes.

The service was not always well-led. Quality checks had not always identified and addressed shortfalls within the service. The new manager and deputy manager provided effective leadership and management.

They had clear visions and values for the service and, had communicated these effectively to people, their relatives, staff and other health and social care professionals. Staff, people and their relatives spoke positively about the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

People did not always receive a service that was safe.

Where people needed help with medicines, the administration of the medicines was not always recorded accurately.

People were safe from harm because staff were aware of their responsibilities and, knew how to report any concerns.

There were enough skilled and experienced staff to safely provide care.

Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff.

Risks to people were assessed and action taken to manage these.

Is the service effective?

Good

The service was effective.

Staff received the training, supervision and support required to effectively 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.

Where people required it, staff provided the care and support needed to ensure they ate and drank enough.

Staff ensured people received assistance from other health and social care professionals when required.

Is the service caring?

Good

The service was caring.

People received care and support from small teams of caring and compassionate staff who knew them well.

Staff provided the care and support people needed and treated them with dignity and respect.

People and, where appropriate, their families were actively involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received person centred care and support.

The service identified people's needs and provided a responsive service to meet those needs.

People were supported to participate in a range of activities based upon their assessed needs and wishes.

The service listened to the views of people using the service and others and made changes as a result.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality checks had not always identified and addressed shortfalls within the service.

The new manager and deputy manager provided effective leadership and management.

They had clear visions and values for the service and, had communicated these effectively to people, their relatives, staff and other health and social care professionals.

Staff, people and their relatives spoke positively about the manager.

Human Support Group Limited - Bristol

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 23 February 2017 and was announced. The provider was given 48 hours' notice because the service provided was domiciliary care in people's own homes and we wanted to make sure the 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 (ExE).

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. Questionnaires had been sent to staff and health and social care professionals by CQC. We used the responses received to aid our planning of this inspection.

We contacted five health and social care professionals who had been involved with the service. This included community nurses, social workers, commissioners and others. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection of the service. You can see what they said in the main body of this report.

We spoke with 10 people using the service about their experiences with the Human Support Group. We also spoke with seven family members of people using the service by telephone. We spent time at the provider's office talking with staff and looking at written records. We spoke with six members of staff and the deputy manager and manager.

We looked at the care records of the 10 people using the service, 10 staff files, training records for all staff, staff duty rotas and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

We could not be satisfied that the service provided to people was always safe.

Staff had received training around the administration and recording of medicines. The manager told us staff competency was checked annually to ensure safe administration of medicines. However, we could not be satisfied that medicines were always administered and recorded safely.

Medication administration records (MAR) showed staff had not always signed the MAR chart. This meant it was difficult to determine whether people had received their medicines as prescribed by their GP. We found a number of instances within the MAR charts where signatures were missing. We also found one MAR chart which had no start date on it. Although there had been improvements in the general recording of medicine administration since the new manager had started their post, we did not see evidence of any corrective action having been taken to address the previous errors. The service used a number of MAR charts for the same person and it was difficult to track medicine administration across the different charts. It was difficult to determine from the charts which medicines needed to be administered to people and it was evident from our discussions with staff and the manager that this had partly contributed to some of the missed signatures. The manager told us they had raised this with the provider.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People told us they felt safe using the service. Three people required support from staff to help them use stair lifts or be supported to transfer to bed and turned in bed and they were all happy with the support they received. They said, "I feel safe during the turning", "I always feel safe and comfortable" and "The carer knows what she is doing". Relatives said they felt staff kept people safe. One person said, "My uncle is happy and safe". Health and social care professionals told us they felt people were kept safe.

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Where safeguarding issues had arisen, these had been reported to the local authority and Care Quality Commission. Concerns had been managed appropriately to minimise the risk of repeat events.

The service had a whistle blowing policy and procedure. This policy protected employees against detrimental treatment as a result of reporting bad practice. Staff we spoke with were able to describe 'whistle blowing' and knew how to alert the manager about poor practice. Staff told us they felt confident in the ability of management to address issues appropriately.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in. The risk assessments were clear and contained guidelines for staff. For example, where people were supported with their medicines, there was a

clear risk assessment around this. Other risk assessments covered areas such as personal care, mobility and environmental risks. Staff told us they had access to this information in people's care records and ensured they used them. There was evidence that the risk assessments and management plans were regularly reviewed.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. Care records detailed when people needed care and support. This had been agreed with people, their families and other health and social care professionals. The manager monitored the hours people received through a call monitoring system and we saw people were provided with the staff time identified in their care plans. The manager told us they endeavoured to ensure people always received their visits and if they were short staffed, an on-call system was used where the manager or other staff would cover the shift. People we spoke with confirmed that they received their support as had been agreed in their contract. One person said "I always have someone visit me. If there is a problem they will always call me".

People were protected from the recruitment of unsuitable staff. Recruitment records contained relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to see whether the applicant has any past convictions that may prevent them from working with vulnerable people. The manager told us if people had declared any past convictions, these would be risk assessed to ensure they were suitable to provide care and people's safety would not be compromised. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk.

When providing care, staff were expected to use protective equipment to prevent and control the spread of infection. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons.

Good

Is the service effective?

Our findings

People said their needs were met from well skilled staff. One person said, "They are very skilled at what they do". Another person said, "I am very well cared for". Relatives said they felt staff were skilled and able to provide the care and support required.

The manager informed us all new staff were required to complete the care certificate. The care certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and is the minimum standards that should be covered as part of the induction training of new care workers. The care certificate is based upon 15 standards health and social care workers need to demonstrate competency in.

Staff had received an induction when they first started working at the Human Support Group. The manager told us all new members of staff would have 4 days of training before they worked any shifts. Areas covered included safeguarding, medicine administration and recording, first aid, fire safety and Mental Capacity Act training. The manager told us this would be followed with shadow shifts to enable the new staff to learn from established staff. These shifts would be at different times of day and night to ensure staff had experience of working all shifts required. The manager told us each staff member was required to complete a minimum of 15 hours of shadow shifts. They told us staff competency and confidence would continually be assessed throughout the induction process and included a spot check on staff, feedback from experienced staff and feedback from the people using the service. One staff member we spoke with told us they had recently started in their role and felt they had received a good induction which had prepared them well.

Staff had received appropriate training to meet people's care and support needs. The manager confirmed training was provided through face to face classroom based approaches. The manager told us they accessed training through external providers such as the local authority, tissue viability nurses and also had in house trainers. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training and where training was due, this had arranged.

Staff had received regular supervision from either the manager, deputy manager or a senior member of staff. These were recorded and kept in staff files. The manager told us one to one supervision occurred quarterly. Supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with said they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make specific decisions. The manager and staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. People and, where appropriate relatives, were involved in care planning and their consent was sought to confirm they agreed with the care and support

provided.

People who required assistance to help them communicate effectively had plans in place for staff to follow. Staff were knowledgeable of these and able to explain how they helped people to make their views known and, develop their independence.

Where people needed assistance with eating and drinking, this was documented in their care records. This detailed the support people required and how their food and fluid intake was to be monitored. We saw records were maintained and regularly reviewed.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and had contacted people's GP's and other health and social care professionals when required. As a result, people had received assistance from a variety of professionals. We saw support plans had been put in place as a result of this. Staff said they provided care and support in accordance with these plans. Comprehensive records were kept of contact and communication with health and social care professionals.

Good

Is the service caring?

Our findings

It was evident that people were cared for with compassion and kindness. Staff wanted people to be happy. People we spoke with told us staff were caring. Comments included; "I'm well looked after" and "They take good care of me". Relatives also said staff were kind and caring. One person described the staff as being 'caring and compassionate'.

When speaking with staff, it was clear they valued the people they cared for and understood their responsibility to treat people in a kind, caring manner that demonstrated and promoted dignity and respect. This was also evident when speaking with the manager. They provided care and support to people in addition to carrying out their management roles. People, relatives and staff all commented the manager was caring and provided a good role model for staff.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. A variety of systems were in place to ensure people were supported to give their views and to make choices and decisions regarding their care and support. These included reviews of people's care over the telephone and in person. Care records documented how people and, where appropriate, their families had been involved in agreeing to the care and support they received. Professionals we spoke with told us they were contacted and involved in reviewing the care needs of people.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. People told us this was important to them. One person told us how they liked to manage parts of their personal care independently and staff enabled them do this.

Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of people's needs regarding, culture, language and religion. It was clear from talking with the staff they understood the values of the service and, recognised the importance of ensuring equality and diversity was promoted. For example, the manager told us how they would only send specific members of staff into some areas of Bristol as they felt the staff chosen had the best skills to support the diverse groups of people living within that locality. Staff demonstrated a good understanding of dignity and respect. Staff informed us how they would seek consent from people before they commenced any care tasks and demonstrated how they would ensure people's privacy was maintained at all times when supporting them with personal care.

People and relatives told us they would recommend the service to others. Care staff spoke with pride about the service provided. One relative said, "I think the staff all do a good job". Staff we spoke with all said they would be happy for a relative of theirs to use the service.

Staff recognised and promoted the involvement of family and friends. People told us they felt this was important. One relative told us how staff would ensure they contacted them if they had any questions about their family member. People told us they could always contact the office and discuss any issues with them.

Good

Is the service responsive?

Our findings

The service provided was person centred and was, wherever possible, based on care plans agreed with people. People's needs were assessed and care plans were completed to support them. Staff said the care plans held in people's homes contained the information needed to provide care and support. Care records were person centred and included information on people's likes, dislikes, hobbies and interests.

Plans included; emergency information and contact sheet, an assessment of need and an agreement to the care and support provided. The care plans detailed how the person was to be supported in all aspects of their lives.

Care plans were regularly reviewed at set times and also when people's needs changed. People and, where appropriate, their families and relevant professionals were involved in these reviews. Reviews of people's needs were clearly documented in people's care plans. For example, one person's personal care needs had changed and their care plan was reviewed and updated to reflect their changing need.

People's care was planned to meet their needs. For some people this involved providing mainly personal care and support with healthcare appointments. For others, this involved supporting people to engage in a variety of activities . Where this was the case, activities were planned and took into account people's hobbies and interests. Activities people undertook were recorded in their care records along with a brief summary of how it had gone. Staff said this helped them learn what went well for people and what didn't go so well, so they could plan more effectively.

The manager told us people and their representatives were provided with opportunities to discuss their care needs during the assessment process prior to receiving a service from the Human Support Group. The manager also told us they used evidence from health and social care professionals involved in the person's care to plan their care. One relative told us how they felt the manager had carried out a thorough assessment of the person's needs which included the involvement of the person, their family and professionals involved in their care.

An up to date policy on comments and complaints was in place. A record of complaints received was kept at the agency's office. People also had a copy of the complaints policy and complaints form in their file. People and their relatives told us they knew how to raise a complaint and had confidence in the management to address issues appropriately. We were shown evidence that where complaints had been made these had been investigated and resolved to a satisfactory conclusion. The manager told us they valued feedback and saw this as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements. Care staff told us they were able to raise concerns with managers. They said they were confident any concerns they expressed would be dealt with appropriately.

The manager told us they had received compliments about the service provided. We did not see any evidence of a system to record compliments. We recommend the provider to implement a system to record

compliments as this recognises good practice and provides people with opportunities to leave positive feedback regarding the service.

Requires Improvement

Is the service well-led?

Our findings

We could not be satisfied that the service was always well-led.

Systems were in place to check on the standards within the service. These consisted of a schedule of audits. These audits looked at; health and safety, infection control, record keeping and other checks of the service being provided to people. Although these audits generally identified shortfalsl and corrective action had been taken, this was not always the case. The audits had not identified shortfalls in the accurate record keeping of medicines. We found a number of errors in the record keeping of medicines and due to a lack of audits, these had not been recognised. The new manager had introduced a monthly medicine audit after they started working for the service but there were a significant number of recording errors prior to this and no corrective action had been taken. However, we did see an improvement to the number of errors following the introduction of monthly medicine audits.

We recommend the provider reviews its audit process to ensure errors are identified and corrective action is taken promptly.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection, we found the manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed, and the service promoted in the best possible light.

The manager and staff had a good understanding of the principles underpinning providing care in people's own homes. They explained to us their role in managing the personal care provided to people. They said this required an approach from staff that recognised and promoted the fact they were working in people's own homes. Care staff were clear regarding their roles and responsibilities.

We discussed the value base of the service with the manager and staff. The manager and staff told us the Human Support Group was based around providing person centred care to people and support people to remain safe and well cared for in their own home. People and their relatives said they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service were being achieved.

People and relatives spoke positively about the leadership and management of the service. Comments included, "The manager is great" and, "I can speak to them whenever I need to". Staff also spoke positively about the leadership and management of the service. Staff emphasised the positive changes made since the new management team began working at the service. For example, staff said the new manager had implemented a new care file format which was much clearer than the older files and were also more person centred.

The staff described the manager and deputy manager as 'being a part of the team' and 'very hands on'. One

member of staff said, "The manager is excellent, always very prompt to reply with any queries". A number of staff we spoke with told us morale had been low under the previous management structure but this had significantly improved since the manager started in their role. All of the staff we spoke with told us morale amongst the staff group was high.

The manager told us that in order to ensure the staff were providing a high level of care; they would carry out random spot checks on staff whilst they were delivering care. The manager would also take some time during these visits to talk to people receiving care to obtain their views about the carer. The staff informed us they found this beneficial as it meant the manager was able to identify any developmental needs for the staff and these could then be explored during formal supervision.

The manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always recorded accurately. 12 (2)(g)