

The Human Support Group Limited

Human Support Group Limited - Whitehaven

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced comprehensive inspection took place on 29 November and 2 December 2016. The provider was given notice of the visit because the location provides support and personal care to people living in their own homes and we needed to be sure the registered manager was available. This was the first inspection of this service since it was registered under this provider in March 2015.

Human Support Group provides care and support for people who live in their own homes. The majority of people using the service are older people. The office is located in Whitehaven and provides services in and around the local areas. There were 129 people using the service when we inspected.

The service has a registered manager. 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 registered manager of the service had responsibility for two other Human Support Group services in Cumbria, one in Carlisle another in Ulverston, as well as this one in Whitehaven.

This service had been previously owned by different providers and we noted that the whole staff team had undergone some changes that had at times impacted on the delivery of the service. At the time of this inspection we could see that significant changes had been made to establish a more settled and sustainable staff team.

During this inspection we found a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 this was because some risks associated with people's care had not been managed effectively.

We found risks associated with the delivery of safe care and treatment including moving and handling and the safe use of some equipment had not always been recognised. Even when these risks had been identified they were not always recorded accurately.

There was enough staff to provide the care people required. We saw that staffing levels were good with a number of flexible and part time staff employed. The staff had completed training to ensure they had the skills to provide the care and support individuals needed. The staff team were supported by the senior staff and members of the management team through regular staff supervision, appraisals and team meetings.

Staff knew how to identify and report concerns about a person's safety. The recruitment process for new staff included all the required checks to ensure that they were suitable to work in people's homes. This helped to protect people from the risk of abuse. Recruitment procedures were generally thorough and this ensured only suitable people worked in the service.

The quality of care plans and risk assessments recorded were not consistent and information about some people's care needs was not always recorded. New care planning documentation was being introduced across the whole service in December 2016.

Most people received support from a regular team of staff who they knew and who understood the care and support people required. People told us they were treated with kindness and respect and made positive comments about the staff who visited their homes.

People's dietary needs and preferences had been identified and staff could tell us about people's individual dietary requirements.

We found that the service worked very well with a variety of external agencies such as social services, other care providers, local GP's and community nurses to provide appropriate care to meet people's physical and emotional needs.

People had been included in agreeing to the support they received and were asked for their views about the service. The registered manager was knowledgeable about the Mental Capacity Act 2005 and about their responsibility to protect the rights of people who could not make important decisions about their own lives.

The current auditing systems that look at the quality of care records and risk assessments had not identified some of the concerns we found during the inspection. This meant that some audit checks were not always robust.

We have made a recommendation that the systems in place are reviewed to improve the quality of the auditing process.

'You can see what action we told the provider to take at the back of the full version of the report.'

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 not always safe.

Risks associated with providing safe care were not always identified or recorded.

People told us they felt safe.

Staff knew how to protect people from harm. There were good systems in place to ensure people knew the staff that supported them.

People recruited had all the appropriate checks completed before they commenced working.

Requires Improvement ●

Is the service effective?

This service was effective.

All the staff employed by the service had completed training to give them the skills and knowledge to support people.

The registered manager was knowledgeable about the Mental Capacity Act 2005 and understood their responsibility to protect the rights of people who were not able to make important decisions about their lives.

People's dietary needs and preferences had been identified.

Good ●

Is the service caring?

The service was caring.

Staff treated people with dignity and were respectful.

People told us staff interacted with them in a positive way and were caring.

The staff were knowledgeable about the level of support people required and their independence was promoted.

Good ●

Is the service responsive?

The service was not always responsive.

The consistency of the quality of care planning did not ensure that accurate information was always recorded about the needs of people who used the service.

Good systems and processes were in place to manage concerns, incidents and complaints.

Staff took into account the needs and preferences of the people they supported.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There were systems in place to monitor the quality of the service provided.

Staff felt supported by the management teams and registered manager

There were areas of the service that needed to improve the quality of care planning, risk assessment and auditing.

Requires Improvement ●

Human Support Group Limited - Whitehaven

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 was 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 29 November and 2 December 2016. The visit to the agency offices on the 29 November was announced and the provider was given 48 hours' notice because the location provides a domiciliary care service. The second part of the visit was completed by making telephone contact with people who used the service and some staff who worked for the service. The inspection was carried out by two adult social care inspectors and an expert by experience that made contact with some people who used the service and staff to ask for their views about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service this included any statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted local commissioners of the service.

The inspectors visited the agency office and looked at the care records for six people. We spoke to the registered manager, senior care coordinator and members of the coordinators team based in the agency office. We looked at training records and recruitment records for staff. We also looked at records relating to how complaints and incidents were managed and how the provider checked the quality of the service provided.

We asked ten people who used the service and ten staff employed by the agency what they thought about the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the service provided. One person said, "I feel very safe with them" another person told us, "There are no issues with safety and they are very good". A staff member told us, "We do deliver a safe service; we have lots of procedures to follow".

We saw that some hazards to individuals' safety had been not always assessed and measures were not always put in place to reduce or manage the risks identified. Although we saw that some risk assessments had been completed to support people safely in their own homes we found a number of other hazards that had not been accurately recorded or assessed. These included moving and handling and the use of specific equipment such as hoists and the use wheelchairs. For one person requiring a hoist to be used for moving and handling the risks associated with the use of this equipment had not been recorded. The same person was hoisted into a wheelchair however we did not see a care plan for the use of the wheelchair. Nor had risks associated with the use of the wheelchair been recorded. This meant that we could not be certain that when equipment was used it was used in a safe way. We also saw that some other risks had not been assessed or recorded including the management of epilepsy, diabetes or the development of pressure sores. For one person who's needs were assessed on admission to the service had epilepsy. We did not see a risk assessment or care plan to manage this should this person suffer a seizure. For another person who had poor skin integrity and were at risk from developing pressure sores there was no risk assessment in place. This meant that all that was reasonably practicable had not been done to mitigate the risks to people's health and well being.

The above findings are a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 this was because risks associated with the delivery of safe care and treatment including the safe use of some equipment had not always been recognised and when risks had been identified they were not always recorded appropriately.

Staff told us that they knew how to identify abuse and how to alert the appropriate people. They also told us they were confident that all of the care staff they worked with knew how to report any concerns to the managers or the appropriate authorities. Records we looked at confirmed that most staff had received training in the safeguarding of adults. There was a whistle blowing policy that was available to all staff and details of how to report concerns.

We looked at medication records and found that the majority that we saw were accurate and people's care plans were reflective of their needs when medicines were being prompted or administered. We also saw that care records for the management of people's medications included a risk assessment of people's ability to safely administer their own medicines. People were supported to do this as much as possible. Where any errors in the administration of medications had occurred we saw that appropriate actions had been taken. We also noted that the audit system in use to monitor the quality and safety of medicines did not include any checks of people's actual medications. We have addressed this later in the report under the domain of well led. Eight out of ten people we asked told us they did receive their medication on time and were supported to do so in a safe and timely manner.

We looked at the recruitment procedures used and saw that they were both appropriate and robust. We saw that all the checks and information required by law had been obtained before new staff could commence employment in the service. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the agency's recruitment policy. Checks with the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had also been conducted.

We looked at the records relating to accidents and incidents that had occurred. We saw that these were investigated by the registered or branch manager and where any actions had been required we saw that these had been taken.

Is the service effective?

Our findings

People who used the service we spoke with made positive comments in relation to the service being effective. One person told us, "They [staff] are all very efficient." Another person said, "The staff do seem to know what they are doing, they are very good." We were also told, "The staff all seem very competent and are trained well."

We saw that staff had received a range of training to ensure they had the skills to provide the support people required. The records we saw showed that training was on going and refreshers had been attended. Where new employees had commenced working they had shadowed with a more experienced member of staff. The registered manager told us about training being implemented for specific staff to be champions in areas such as dementia care, dignity and domestic violence.

We saw that regular meetings with staff took place and staff could contact the registered manager or operations manager to raise any concerns or discuss their practice at any time. Records showed that staff were supervised regularly and were appraised. Staff we spoke with told us they were invited regularly to staff meetings and that they received appraisals and were asked for their ideas about how the service was run.

People told us the service communicated well with them. One person said, "The staff do communicate well." Another person told us, "They [staff] communicate well as they write everything down, one in the NHS book and another for Home Support."

We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to other health professionals. We found that where people required their fluids or food intake monitoring to ensure they maintained good health, appropriate records had been made. Where people were supported by staff with food preparation we were told, "They [staff] make my breakfast and I am usually finished when they go, otherwise they will stay until I finish." Staff told us they were fully informed about people's dietary requirements. Staff told us, "We are aware of the dietary needs as they are laid out in the care plans."

The registered manager and senior care coordinator demonstrated a good knowledge and understanding 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.

We saw that consent to care and treatment in care records had been signed by the relevant person. Where required the registered manager and care manager had confirmed that those people were the legal decision makers where people lacked capacity. This meant that people's rights were protected.

Is the service caring?

Our findings

People we spoke with, who used the service, made very positive comments in relation to the service being caring. People told us that they really liked the staff that visited their home and said they provided a high quality of care. One person told us, "They [staff] are kind and caring and they chat to me whilst they are doing my care. I do not feel rushed at all." Another person said, "The carer is very friendly and quite chatty when they come." Staff we spoke with told us they believed they provided a caring service one care worker told us, "The carer is very friendly and quite chatty when they come." However, some staff were concerned about the amount of time they could spend with people they visited. We were told, "It is hard because of the call cramping and we can't spend the time we should with the service users."

People who used the service and their relatives told us they were treated with dignity and respect. One person said, "All of the lasses are really caring, they help my relative with her personal care needs and preserve their dignity at the same time." Another person told us, "The staff don't rush, once they finish what they need to, they always check if I need anything and even make me a cup of tea." Another person said, "The carers do respect my dignity and respect. Most of the staff are caring and give me a cuddle or two, and have time to chat to me and some odd ones just don't bother."

Staff we spoke with told us they had received specific training on dignity and respect. One carer said, "I have been trained how to provide personal care, I know I must keep the blinds closed and keep the service users covered. I feel we do listen to our service users."

We saw that people's care records were mainly written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence.

We saw that care plans were reviewed regularly and people had been asked for their opinion on the services they received. The managers and staff we spoke with were very knowledgeable about the individuals and their families they supported and about what was important to them in their lives.

Where necessary people had advocacy arrangements in place. An advocate is a person who is independent of the service and who supports a person to share their views and wishes. This ensured that people had access to independent advice and information.

We saw that people's treatment wishes had been made clear in their care records about what their end of life preferences were. The records contained information about the care people would like to receive at the end of their lives.

Is the service responsive?

Our findings

People who used the service gave positive comments in relation to the service being responsive when dealing with their complaints. One person told us, "We complained about the conduct of one of the carers. I spoke to the manager who was very good and they came out and spoke to us, asking us what the issues were and now we are happy with the lasses we get." Another person told us, "I rang the office to see where my carer was when they did not turn up. The manager apologised to me and told me they had made a mistake." We were also told, "I know how to make a complaint, I had to make one and they dealt with it really well." One person told us, "I feel I am listened to, when they have time they do sit with me and have chat with me."

There was a formal process in place for receiving and responding to concerns and complaints about the service provided. We saw that the service had dealt with managing a number of complaints since the changes of providers of the agency. At the inspection we saw that systems and staffing structures had been changed in order to improve the quality of the service and to address the level of complaints that had been received. The registered manager told us that they had prioritised the dealing of things that concerned people and had included where relevant the commissioners of service to deal with people's concerns as quickly as possible.

Some of the staff we spoke with did not feel the service was responsive when they reported their concerns. One person said, "We are rushed all the time and I was asked to email the issue over but never received a response." Two other people reported concerns about the planning of the rota's being disorganised for example "On the rota to be in two places at once" or "The calls run over so you are either late for one or early for another as the rotas don't allow for travel time."

From discussions with the registered manager and records we looked at we could see at the time of the inspection these concerns were being addressed through the implementation of better structured systems and that oversight of the rota's was being managed differently.

In the care records we looked at we saw that some information provided for staff about how to support individuals was not always accurate in detail about managing risks or had identified risks with some people's health. For example where someone was registered as being blind there was no reference made in the care plan as to how this might impact when delivering care. The care records used by the service at the time of the inspection had been identified as lacking in consistency and quality by the registered manager and provider. New formats for recording people's care needs, plans of care and associated assessments were being implemented from 1 December 2016.

We saw from the records that where people had reviews of their care they were asked for their views about the support they received. People had been asked what support they wanted the service to provide and records showed that they had been included in planning their own care. We also saw that people had been referred to other healthcare professionals when necessary.

We could see that where relevant people's families had been involved in gathering personal information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them difficulties. We saw that the service provided to individuals was focussed on supporting them to maintain their independence as long as possible and to provide them with a regular familiar face during the day as some people rarely had visitors.

Is the service well-led?

Our findings

Eight out of the ten people we spoke with who used the service told us they thought the service was "well managed" and that the management were "approachable". Staff we spoke with also commented that the management were approachable. They also told us they were communicated daily with by the management team via mobile phone messages.

Since the changes of registered provider the agency had increased the volume of workload in a short space of time to meet with the current needs of the local commissioners. We were told by the registered manager that had impacted on the quality of the service the current registered provider and registered manager aimed to deliver. Added to that the agency provided a service to a large geographical area within a county that did not have the best road networks.

There was regular monitoring of the quality of the service. People who used the service were given opportunities to share their views about the care and support they received. We saw in June 2016 questionnaires had been completed by people who used the service and or their relatives. We looked at the responses made overall for the quality of the service the responses showed that 90% said they were satisfied. Of the responses 97% said they had regular care assistants, 100% of those who responded said the carers arrived within 15-20 minutes of the planned call times.

There were a number of audits in place that checked on the safety and quality of the service. However we noted that the audit system in place for the management of medications did not include any physical checks within people's homes. The current auditing systems that look at the quality of care records and risk assessments had not identified some of the concerns we found during the inspection. This meant that some audit checks were not always robust.

We recommend that the systems in place are reviewed to improve the quality of the auditing process.

The registered manager had established good working relationships with stakeholders and was proactive in sharing any information and seeking guidance from other professionals. The service worked in partnership with other professionals and had a very strong connection with the local GPs and community nurses to ensure people received the appropriate care and support to meet their needs. We saw records of how other professionals had been involved in reviewing people's care and identifying the levels of support required.

We saw that staff supervision had been completed regularly and this gave the staff opportunities to discuss their training needs and to discuss the running of the service. There had also been meetings where all staff had attending and these meetings were also used to discuss training topics.

The registered manager of the service told us that the quality of the care provided was paramount to their aims for the service along with being able to provide a much needed service in a large geographical area. They also expressed that the service provided was to ensure that people received the best care and support for their individual cases and to ensure people were not left isolated.

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 Because risks associated with the delivery of safe care and treatment including the safe use of some equipment had not always been recognised and when risks had been identified they were not always recorded appropriately.