

The Human Support Group Limited

Human Support Group Limited - Gateshead, Angel Court

Inspection report

Angel Court
Waverley Road
Gateshead
NE9 7TG

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24 October 2019

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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 - Gateshead, Angel Court is a domiciliary care agency providing personal care and support to people living in their own flats within one large adapted building. Not everyone living at Angel Court received personal care. CQC only inspects where people receive personal care. This is help and with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 32 people were receiving personal care.

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

People were happy with the support provided by staff. People told us staff were kind, caring, respectful and always available to support them. Since our last inspection people felt the service and the support they received had improved.

The registered manager and regional director had worked hard to improve the service since our last inspection. They had looked at opportunities to improve every aspect of the service and were committed to improving the service further.

There was enough staff available to support people with their allocated visits and staff were available in an emergency situation. Staff told us there was enough staff to provide care to people and they did not feel rushed during calls.

The service provided and supported people to attend activities within Angel Court and within the local community. People told us that staff took their time and chatted whilst delivering personal care.

People were encouraged to remain as independent as possible by staff. 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 received an assessment before moving into Angel Court to ensure the service could meet their needs. Care plans were person centred and individual. People had regular reviews of their care needs and referrals were made to other healthcare professionals if people needed additional support. Care plans included advice and guidance from other agencies.

Medicines were safely managed and regularly reviewed. Staff followed best practice guidance and had their competencies checked regularly. Risks to people were identified and actions put in place for staff to follow to mitigate risks.

The registered manager provided support to staff via team meetings, regular supervisions and appraisals. Staff received an induction from the provider and regular refresher training.

The management team had improved the quality and assurance systems at the service and there were regular audits and checks to ensure people received a good level of safe care. People, relatives, staff and other agencies were positively engaged by the service to find ways to develop and improve.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 June 2019) and there were multiple breaches of the regulations. At this inspection the registered manager and regional director had taken robust action to improve.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the service had made sustained improvements and addressed the issues identified at the last inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. We will re-visit the service in line with our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Human Support Group Limited - Gateshead, Angel Court

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

The inspection was carried out by two inspectors, as assistant 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 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.

The service had a manager registered 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager and regional director.

We reviewed a range of records. This included three people's care records and six people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Medicine administration was accurately recorded; however, two entries were not signed by a second person to confirm they were accurate in line with the provider's policy.
- We looked at the audit process for medicines and found that although live audits were completed, these did not look at the full month's medicines administration records. This increased the risk that areas of concern and themes may not be identified.
- Staff received regular refresher training and competency assessments to make sure they administered medicines safely. One staff member told us, "I'm confident in administering medicines. I asked for someone to help with a new service user to make sure I was doing right and had my competency assessed."

We have made a recommendation that the service follows national guidance recommendations regarding medicines audits.

- The registered manager and regional director took immediate action with this and changed their auditing process for medicines.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found staff were not always raising concerns with the local safeguarding adults' team. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 13.

- Staff were able to tell us what action they would take if they identified any form of abuse. All staff had received training around safeguarding vulnerable adults. One staff member commented, "I've had safeguarding training. I would report it straight away. We are here to look after the welfare of people."
- The registered manager raised all safeguarding concerns with the local authority, investigated these fully and shared outcomes with people, relatives and other partnership agencies.
- Safeguarding concerns were audited regularly used to improve the quality and safety of the care provided.

Learning lessons when things go wrong

- The registered manager investigated all accidents and incidents thoroughly.

- Lessons learned from investigations were shared with people, staff and partnership agencies, and were used to improve the service and stop incidents reoccurring.

Staffing and recruitment

- There was enough staff to safely support people in line with their assessed needs.
- Staff recruitment was safe. New staff had appropriate pre-employment checks in place to make sure they were suitable for the role.
- One person we spoke to said they can use their emergency call buttons and staff are always responsive to this. They said, "I feel safe. The carers are never very far away from you."

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place that were regularly reviewed, for example risks around choking and falls. These were easy to follow for staff and incorporated into care plans.
- Environmental risks had also been identified and steps were in place to reduce these.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection. There was a policy and procedures were in place at the service.
- Staff we spoke to discussed how they reduced the risk of infection and steps they took in their daily tasks to keep the risk low. For example, regular hand washing, wearing gloves and using hand sanitiser.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 had a full assessment of their needs which included social, emotional, and physical needs. Care plans created from assessments were individual and person centred. Changes in people's needs were clearly recorded and people had regular reviews of their needs.
- People were provided with choice for their care, for example around staff support and what support interventions they needed.
- Staff told us about best practice guidance and what training they had around this. For example, the National Institute for Clinical Excellence (NICE) guidance was used by staff for scheduling reviews.

Staff support: induction, training, skills and experience

- New staff received an in-depth induction from the provider, which included the 'Care Certificate'. One staff member told us, "I received a full induction and completed the care certificate. I've started an NVQ now to develop further."
- Staff received regular refresher training on topics appropriate to their role.
- The management team supported staff with regular supervision sessions, appraisals and competency checks.

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

- Staff supported and encouraged people to maintain a health and balanced diet.
- People following special diets, for example soft diets, were supported by staff to follow the advice of healthcare professionals and make suitable choices for their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records showed involvement from other healthcare professionals, for example the GP and community nursing team. Any guidance was added to people's care plans to provide a continuous level of care.
- Staff worked closely with the community nursing team. During our inspection we saw staff reviewing one person's care needs with the district nurse. Changes were then agreed and added to the person's care plan.
- People told us staff had supported them to access the local hospital and GPs.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People consented to their care and were asked for their choices about how they received their support from staff. One person told us, "Staff take control of my medication every morning because I used to get them all mixed up."
- Staff had received training around MCA and could explain when they would use this. For example, assessing people's capacity to make decisions regarding medication.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Equality and diversity policies were in place at the service and staff had received training around this. Staff told us that everyone was treated as an individual.
- People and relatives told us that staff were kind and caring with them. A relative said, "(Person) loves the carers."
- People were happy with the level of support they received from staff. One person commented, "I'm very satisfied with the quality of care I get. I couldn't fault their dedication in overseeing I'm alright."
- Staff were complementary about each other and the care they provided to people. A staff member told us, "Everyone is well cared for and gets what they need."

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

- Care plans were created in partnership with people and records showed involvement from people, relatives and staff. One person told us, "I think it's a two-way process that you're in control of."
- Assessments and care records showed that care plans were structured around people's choices. For example, one person liked to have a shower daily but preferred to have a bath once a week and another person chose to have support from female staff members.
- At the time of inspection no one was accessing an independent advocate, but some people were supported by relatives and friends to make important decisions. The service supported this practice and promoted the use of advocacy services. Advocacy services are there to make sure people's choices, needs and wants are listened to and recorded.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training around privacy and dignity. Staff told us what steps they take to ensure people's privacy and dignity was respected. They said, "We close the bathroom doors and make sure the curtains are closed too." One person told us, "I have no problems with my relationship with staff and they do treat me with a lot of respect and dignity."
- People were encouraged to be as independent as possible by staff. One person commented, "Staff try to encourage me to do as much as I can for myself."
- Staff told us that they supported people to do as much as they could. For example, one staff member told us about one person who they prompted and supported to make their own meals.
- People told us they were listened to by staff and respected. A person told us, "I've not once had any problems with the staff not showing understanding towards me."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Care plans were detailed and personalised. They were person centred and reflected people's choices. For example, one person liked to be in control of their medicines but chose to have staff present to make sure they were taking them correctly.
- Care needs were regularly reviewed and updated to reflect any changes. Guidance from other healthcare professionals, for example the district nursing team, was also used to update care plans. One person said, "We have regular reviews, but my son is always there with me when we carry out reviews."
- People told us they were involved in decisions regarding their care and talked options through with staff.

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.

- People's communication needs were assessed and recorded in care records. One staff member told us that they were learning sign language in their own time so that they could have better communication with a person who was deaf.
- The service was able to provide information in large print, easy-read and in different languages if people required this.

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

- Staff supported people to attend activities within the local community. For example, one person was supported to attend the local animal shelter to walk dogs.
- People were encouraged to visit the main lounge and dining area to reduce their risk of social isolation.
- People told us staff always talked to them during visits and encouraged them to maintain relationships with people.
- The service worked closely with the provider's other service to host events for people to attend. For example, the registered manager had organised a party to celebrate the service being one year old.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place at the service and this was followed by the registered manager when any complaints were received. People and their relatives received the complaints policy and contact

details as part of their service user guide.

- Complaints and concerns were taken seriously by the registered manager and full investigation was completed. Outcomes from complaints were shared with people, relatives and staff. Lessons learned from complaints were then embedded into the service to improve the overall quality of care provided.

End of life care and support

- At the time of inspection no one was receiving end of life support. People had conversations with staff around their end of life wishes and these were recorded in care files.
- Staff had received training around delivering end of life care to people.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not ensured effective systems were in place to assess, monitor and improve the service; and to fully mitigate risks to people. Records were not always well maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff had a good understanding of people, their needs and preferences. One person told us, "The manager is very approachable and is always in good spirit."
- Staff were empowered within their roles by the registered manager and were positive about the culture at the service. One staff member commented, "I'm very happy here. It's great and I love it."
- Staff were valued and recognised for their contribution. A member of staff said, "I feel appreciated and I got the people's choice award for 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 understood their obligations under the duty of candour. There had been no serious incidents that required them to act on this duty.
- The registered manager was able to demonstrate an open and transparent approach when dealing with any issues or concerns when things went wrong. People had confidence that issues would be dealt with appropriately.

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

- Since our last inspection the registered manager and regional director had improved the quality and assurance processes in place. Audits were completed regularly to monitor the quality and safety of the service.
- Audits were analysed by the registered manager and provider to look for key themes. These were reported to the head of quality who also conducted spot check visits.
- The registered manager and staff had a clear understanding of their roles and responsibilities. The provider

had policies and procedures in place. This enabled staff to provide a quality service.

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

- People were asked for feedback about the service, surveys had been issued and were still being analysed. One person told us, "If someone asked me for a recommendation, I would say you're looked after night and day."
- Staff confirmed there had been meetings and discussions where they were able to share their ideas for improvements. Staff said the registered manager was approachable and they felt listened too. One staff member said, "I feel listened to and I give feedback."
- The registered manager held a focussed session with staff to reflect on their journey and to understand what motivated people. Staff felt valued and the provider continued to run incentives for staff.

Continuous learning and improving care

- The service had an action plan in place to address where they needed to improve.
- Areas of improvement identified from audits were added to the action plan and these were continually reviewed by the registered manager.
- Lessons learned and reflective practice, was a continuous part of team meetings and supervisions.

Working in partnership with others

- Staff had continued to maintain and strengthen relationships with external professionals to help meet people's needs and achieve positive outcomes.
- The service had recently set up a committee of people who used the service who came together with professionals and other colleagues within the scheme to discuss any issues, upcoming events and how to make the service provision better.