

The Human Support Group Limited

# Human Support Group Limited - Stoke on Trent

## Inspection report

Marcus House  
Parkhall Road  
Stoke On Trent  
Staffordshire  
ST3 5XA

Tel: 01782433130

Website: [www.homecaresupport.co.uk](http://www.homecaresupport.co.uk)

Date of inspection visit:

09 October 2019

10 October 2019

11 October 2019

Date of publication:

22 November 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Human Support Group Stoke is a domiciliary care agency providing personal care to 54 people some of which may have been living with dementia and physical health issues at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risks to people were not always suitably assessed and planned for. For example, where people had diabetes, or was at risk of choking, there was no specific guidance in place for staff to follow. There was no guidance in place for staff to follow when people had 'as and when required' medication. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite what we found people told us they felt safe and were happy with their regular carers but when they did not attend, their call times could vary, which caused frustration for people. Staff were safely recruited, and people were protected from the risk of cross infection. The service had systems and processes in place to safeguard people from the risk of potential abuse.

Governance systems were not established or used effectively to ensure people received good quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider worked in partnership with others and the regional manager was aware of their duty of candour.

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; however, the policies and systems in the service did not support this practice.

People had their needs assessed, however, support plans lacked detail on how to effectively support the person in line with their support needs. Staff did receive training in their role, however the service said it supported people with a range of different support needs and training provided did not cover these areas. Although guidance for staff was lacking for people who had dietary requirements, people told us they were happy with the way staff supported them.

People's end of life wishes were not recorded. This meant people may not be supported in line with their wishes or preferences. Care plans did not consistently identify people's preferences, however when people did receive their regular carers people felt staff knew them well. The service was meeting people's communication needs and had a complaints policy in place.

People were supported by caring staff and were supported to express their views in making decisions about their care. People's dignity was respected, and their independence promoted.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 22 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Human Support Group Limited - Stoke on Trent

## **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 undertaken by one inspector, one 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service did not have a manager registered with the Care Quality Commission, however they were in the process of registering. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed some information about the people they were supporting and to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 9 October 2019 and ended on 11 October 2019. We visited the office location on 10 and 11 October 2019.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with ten people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the interim care director, regional director, co-ordinators and care workers.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four 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.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with three professionals who have worked with the service.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not consistently and suitably assessed and planned for.
- Several people's support plans stated they had diabetes but there were no specific risk assessments or guidance in place for staff to follow. We found one support plan that did include a risk assessment for diabetes, however it was not clear. This meant people were at risk of receiving inconsistent support to manage their health conditions.
- One staff member we spoke with was aware of a person's health condition and what signs to look out for and who to contact with concerns. However, this information was not recorded in the person's support plan.
- Where people had other risks identified, for example, risk of choking there was no risk assessment in place to offer support to staff should the person actually choke.

Using medicines safely

- People could not always be assured they received their medicines as prescribed.
- People told us they received their medications. However, when they did not receive their regular carers their medicines were not always given on time. One person we spoke with told us, "It only seems to cause problems when it's not my regular carers looking after me because then, the carers can arrive at any time and it will mean that my tablets are taken at a different time of day from when they would normally be given to me."
- Where people were prescribed 'as and when' (PRN) medication there were no protocols in place. This meant there was a risk of people receiving inconsistent support in relation to the administration of their PRN medication.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the regional manager about our findings, who agreed the risk assessments needed more detail.

- Medication administration records (MARs) were completed but they were not always up to date. For example, we found gaps in the MARs. This meant the service could not assure themselves people were receiving their medication as prescribed. However, the service had identified this as an issue and were in the process of re training staff in this area, although there was no specific time frame in place for this.

### Staffing and recruitment

- People told us they were happy with their regular carers but when they did not receive them, call times could vary. One person told us, "I do get frustrated when it's different carers, because you can guarantee they're going to be later than they should be and then when they do get to me they won't necessarily remember what it is they need to do because it's probably been a long time since I've seen them."
- Staff we spoke with told us they felt previously staffing had been an issue, but they were, "Recruiting all the time" and were, "Finally getting staff now."
- The regional director confirmed they were actively recruiting for more staff and were implementing a new rota system which would improve staffing calls.
- Staff told us that generally they had enough travel time to get to people between calls.
- Staff were safely recruited. The provider had ensured Disclosure and Barring checks (DBS) had been made. DBS checks help employers make safer recruitment choices.

### Learning lessons when things go wrong

- The provider had recently implemented a system to learn lessons when things had gone wrong. We will check this on our next inspection.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse.
- People told us they felt safe. One person we spoke with told us, "Having carers here keeps me a lot safer than I was before I had them."
- Staff were aware of the different types of abuse and signs to look out for and who to report their concerns to.
- Safeguarding referrals had been made to the local authority when necessary.

### Preventing and controlling infection

- People were protected from the potential risk of cross infection.
- People told us staff wore personal protective equipment (PPE), "All of the time."
- Staff were aware of when to wear PPE and told us it was easily accessible to them.



# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed; however, support plans did not provide enough detail for staff to follow on how best to support that person. For example, where people had catheters in situ, the guidance for staff to follow was very vague and had not considered national guidelines.
- Where people had behaviour which may challenge, care plans recorded this. However, there were no effective strategies for staff to follow to decrease people's anxiety such as diversion or distraction techniques.
- Pre – assessments were completed before people started to use the service. This gave the provider the opportunity to see if they could meet the needs of the person before starting to provide care and support.

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 told us staff asked if they would like support with their personal care. One person said, "They [carer] always ask me if I am ready for my shower."
- We found people's care plans had considered people's ability to make decisions but where concerns had been identified, the provider had not undertaken any mental capacity assessments.
- Staff told us they asked people's consent before undertaking personal care tasks and they had received training in the MCA. However, their understanding of the MCA was limited.
- We were informed by staff that some people had Lasting Power of Attorney (LPA) in place. However, we found there was no copy of LPA's in people's files. This meant the provider could not be assured the appropriate legal authority was in place.

Staff support: induction, training, skills and experience

- The service had said they could provide support to people with a number of different needs including mental health and sensory impairments. The training that was provided to staff did not cover these areas and we found staff were providing support to people where they had no specific training in certain support needs. We spoke to the regional manager about this who told us they had in house trainers who could offer specific training before people started using the service if necessary. They would look at moving staff from supporting people who had needs that staff had not received training in.
- People told us they felt staff had received enough training to support them effectively. One person told us, "We have never had to talk to anyone in the office about the lack of skills the carers have, on the whole they seem to be trained very well."
- Staff told us they felt like they had enough training to ensure they could support people effectively.

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

- We found that where people were on specialist diets, there was no guidance or information in the support plan for staff to follow as to what this specialist diet entailed. For example, one staff member told us they were aware a person was on a specific diet but stated, "I don't think there is any guidance in place." This meant there was a risk of people receiving inconsistent support around their nutritional and hydration needs.
- Where people were supported with their eating and drinking needs they told us they were happy with the way staff supported them. One person told us, "They are very good at encouraging me to eat."

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

- Staff informed us they worked with the local authority when people were discharged from hospital. This included receiving information from the local authority as to whether a person's needs had changed and if so, they would go and re assess that person.
- The provider liaised with health care professionals when necessary.

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by caring staff. One person told us, "I have found all the carers that I have encountered have been lovely, very friendly and always willing to do any extra little jobs that I need help with from day to day."
- One relative told us, "They just concentrate on my [person's name] the best care that they can do."
- Care plans did consider some of the protected characteristics under the Equality Act, with the regional manager informing us if people wished to discuss their sexuality this would be recorded under personal circumstances.
- None of the people we spoke with had any cultural, spiritual or religious needs that required support from staff.

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

- People were able to express their views about their care.
- One person told us, "I have only ever had one or possibly two carers that I really haven't got one with and I've phoned the office and asked them not to send them back to me again, which to be fair they haven't done."
- Another person told us they had asked for female carers and they had managed to deliver on this.

Respecting and promoting people's privacy, dignity and independence

- People told us their independence was promoted by staff. One person told us, "I'm so grateful that they don't rush me but still allow me to do what I can for myself."
- Another person told us staff supported them with certain aspects of personal care that they were unable to do themselves.
- Staff could give us examples of how they respected people's privacy and dignity. For example, making sure curtains were closed and doors were shut when undertaking personal care.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

### End of life care and support

- End of life care and support needs and wishes had not been considered in care plans, despite the service supporting people receiving palliative care. This meant people may not be supported in line with their wishes or preferences as there was no guidance in place for staff to follow.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did identify preferences but there was inconsistency in the way they were completed. This meant people may not receive care which was personalised for them.
- One care plan did not detail why a person was receiving palliative care and what that meant to the person receiving the care. Another care plan did not identify a person's likes or dislikes and important things in their life.
- When people did not receive their regular carers people told us this frustrated them with one person telling us, "It is a bit unnerving when you don't know who is going to be coming." Another person told us when the regular carers didn't turn up, "I usually have to take them [carers] through how I like things to be done."
- However, when people received their regular carers their care was personalised for them. One person told us, "They [carers] know exactly how I am and what I like and don't like."

### 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.

- Care plans considered people's communication needs. For example, if somebody had a sensory impairment this was recorded in their care plan.
- We did not see any specific care plans in alternative formats, however the regional director stated they were available if necessary, for example in large print or braille if and when necessary.

### Improving care quality in response to complaints or concerns

- People told us they knew how to complain, with one person telling us, "I know there is a leaflet or a piece of information in the big folder that tells me how to complain."
- The provider had a complaints policy in place. Where concerns and complaints had been made the provider had investigated and responded as necessary.

## 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had not managed and mitigated risks to people. For example, care plans lacked guidance for staff when supporting people with health conditions, such as diabetes.
- Although the provider had policies in place they were not always implemented. For example, their medication policy stated PRN protocols should be in place and we found this not to be the case.
- The provider had quality assurance systems in place, but these were not robust enough to improve the quality and safety of the service. This meant they were unaware of issues until we found them on inspection.
- The provider did not use information it had to drive improvements for people using the service.
- Information had been collated from the previous satisfaction survey from over 12 months ago, which was completed by people using the service. The main concern from this survey was the continuity of care assistants. We spoke to the regional manager about the results of this survey who acknowledged it was not good enough, however there had been no action taken to improve these results.

The providers systems and processes were not established or operated effectively to ensure people received a good quality safe service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was in the process of moving to an electronic care system, which would include voice recordings, as an alternative way of leaving comments for the service.
- Staff were aware of what whistle blowing meant and told us they felt able to report any concerns if necessary. One person told us, "If I saw something not right happening then I would feel comfortable reporting it."
- The provider had their rating displayed as required.

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

- The provider was in the process of implementing a system to ensure people received consistent care from people who knew them well.
- When people received their regular carers, who kept to people's call times then people were satisfied with the care they received, however this was not consistent. One person told us, "It seems like the carers who all go out of their way to provide really good quality care are let down by the office organisational side of work."

- Staff we spoke with told us management were approachable. One staff member told us, "If I have a problem I can call or pop in anytime." Another staff member told us, "They enjoyed working as a team and enjoyed their job."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 service was using an independent company to engage people in a satisfaction survey. This was still in progress; therefore, no results were available at the time of inspection.
- Staff informed us they received supervisions and appraisals and records confirmed this.
- The regional manager was aware of their duty of candour. They explained it was about being open, honest and reporting when something had gone wrong.

Working in partnership with others

- The service worked in partnership with others.
- One health and social care professional told us the service, "Had always been forthcoming with information I requested." Another health and social care professional told us, "I have found them open and honest."

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  Risk's to people were not always suitably planned for and monitored. People's medicines were not always safely managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Suitable systems were not in place to effectively monitor the quality and safety of the services provided.