The Human Support Group Limited

Human Support Group Limited - Doncaster

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Human Support Group – Doncaster [also known locally as Homecare Support] is a domiciliary care agency which provides personal care to people living in their own homes. At the time of our inspection the service was predominantly supporting older people, including people living with dementia. Care and support was co-ordinated from the agency's office, which is based in central Doncaster. At the time of the inspection 62 people were receiving personal care from service.

The inspection took place on 18 October 2017 with the registered provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected in October 2015 when no breaches of legal requirements were identified and the service was given a rating of 'Good' with a rating of requires improvement in Well Led. At this inspection we found the service remained 'Good' with a rating of requires improvement in Responsive.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People we spoke with spoke positively about the quality of the care and support care they received from staff. They told us they treated them with respect and cared for them in a way which met their needs and took into consideration their wishes and preferences.

There were systems in place to reduce the risk of abuse, and to assess and monitor potential risks to individual people. The registered provider acted appropriately where people were suspected to be at risk of harm. For instance, we saw potential risks to people had been assessed to ensure the environment was safe for people to live and work in, and that people were able to move around their homes safely.

People's needs had been assessed before their care package commenced and where possible they, and the relatives if appropriate, had been involved in formulating their support plans. Records identified people's needs and preferences in satisfactory detail, but information gathered in assessment tools and recent changes had occasionally not been fully incorporated into the plans of care. However, we found no evidence to show this had a negative impact on the people receiving care.

People were encouraged to manage their own medication if they were able to, and some people were supported by their close family. However, when assistance was required to ensure people received the correct medication, appropriate levels of support were provided by staff who had been trained to carry out this role.

Recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff. There was sufficient trained and experienced staff employed to ensure people received

support from staff who knew them well. People we spoke with confirmed they received consistent support from the same care team.

People were enabled to raise any concerns or complaints. The complaints procedure told people how to raise a concern and how it would be addressed. People we spoke with said they had not made any complaints, but were confident that any concerns they raised would be dealt with swiftly by the registered manager.

The registered manager knew the people who were being supported very well and could clearly tell us about their needs and abilities. They also had a good overview of the areas staff covered and the capabilities to accept additional care packages.

People were encouraged to share their views about the quality of the care provided, to help drive up standards and influence change. Systems were in place to monitor how the service operated and identify areas for improvement. This also gave the service an opportunity to learn from events and improve the service for people.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had been involved in planning their care and this was incorporated into how their care was delivered. However, not all information gathered in assessment tool had been incorporated into support plans and not all plans had been updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed.

Is the service well-led?

Good

The service was well led.

Since the last inspection the registered provider had introduced a better system for monitoring the quality of the service provided. Areas for improvement had been identified and action taken to address them.

The registered manager had a clear oversight of the service, and of the people who were using it.

Staff were clear about their roles and responsibilities.

Systems were in place to gain people's opinion of how the service operated.

Human Support Group Limited - Doncaster

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 checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection included a visit to the agency's office on 18 October 2017. To make sure key staff was available to assist in the inspection the registered provider was given short notice of the visit, as in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector carried out the inspection with the assistance of an expert by experience, who spoke with people who used the service or their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make. We also considered any information shared with us by the registered manager, as well as 15 questionnaires returned to us by people using the service.

We requested the views of other agencies that worked with the service, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 62 people using the service. We spoke on the telephone with nine people who used the service and one relative. We also spoke with the registered manager, the area manager, a care coordinator and four care workers.

During the inspection site visit we looked at documentation including the care records and risk assessments of the four people being supported, five staff personnel and training files, complaints records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Questionnaires returned to us earlier this year indicated that people felt the service they received was safe and this was confirmed by the people we spoke with as part of this inspection. They said they had never had any concerns regarding their physical, financial or environmental safety. People's comments included, "Of course I trust the staff and feel safe they would not visit me if I didn't", "I am just so thankful and feel really safe and well cared for" and "Really excellent staff that always do their best to make me feel secure and cared for."

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. Files sampled contained risk assessments covering areas where people may be at risk, such as moving people safely and medication. An environmental risk assessment had also been completed in people's homes, to identify any potential risks that could have an impact on staff carrying out their duties, or on the person themselves, such as poor lighting or trip hazards.

Staff had received training regarding keeping people safe from abuse and reporting any incidents appropriately. This topic was included during their induction to the company, followed by periodic refresher training. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. We saw any concerns raised had been reported and appropriate action taken.

Staff demonstrated a satisfactory knowledge of safeguarding procedures and their responsibilities in relation to protecting people from abuse and acting on suspected abuse. There was also a whistleblowing policy, which staff were aware of. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns.

Some people were managing their own medication, while other people required varying levels of support from staff. Where staff were helping people to take their medication we found that overall it was being administered safely. However, in a few cases staff were not always following the company policy in relation to medication record keeping. For instance, one person had been prescribed three different creams to be applied to different areas of their body, however, the Medication Administration Record [MAR] did not clearly state which cream was to be applied where. Visit notes showed staff supported the person on a regular basis and were fully aware of how and where to use the creams, but if someone new provided the call the information was not clear. The registered manager told us they were introducing body maps to provide clearer information to staff and said they would ensure this was addressed straightway.

The area manager showed us a new MAR that was to be introduced companywide shortly. This provided a better format for making sure all information was recorded. We also saw staff were being trained to use the new form at meetings and in supervision sessions. Some people were taking 'when required' [PRN] medicines. Although a company PRN protocol form had been developed to record what the medicine was for, when it should be given and what effect it should have, this had not been introduced yet. The management team said they would ensure any missing PRN protocols were completed as soon as possible.

We also noted occasional gaps in the MAR where staff had not signed to evidence they had given the medicine. In most cases these had been identified by the management team when they checked the forms returned to the office. We saw shortfalls had been discussed with staff to minimise the risk of this happening again. The people we spoke with who required assistance with their medication were happy with how staff supported them. One person said, "I take my own tablets, but I can always ask them to check things with me if I get confused."

The service had a recruitment policy which helped to ensure only suitable people, with the right skills, were employed by the service. We checked the recruitment process for three recently recruited members of staff, all of which contained the appropriate checks before they commenced employment. These included a face to face interview, written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We saw interviews had included a basic arithmetic test, as well as setting scenarios for potential staff to answer.

Overall the service was employing enough staff to meet the needs of the people they were supporting. The registered manager said recruitment was always on-going to allow the service to continue to develop and grow. People told us the majority of the time they were supported by the same team of care workers. This meant staff knew them well, so they received consistent care and support. One person said, "Yes, they come when they say they will. I don't know how they do that every day," Another person told us, "The staff always arrive on time and we have to appreciate if they are slightly late it may be traffic or another client that has caused the delay."

Since the last inspection the service had introduced a system to enable them to see which staff attended each visit, the time they arrived and the time they left. This meant that the office staff could make sure people received their calls on time, while also monitoring staffs safety. The registered manager explained that if a care worker did not log in and out at the correct time this would be followed up by one of the office team. Staff had also been provided with a company mobile phone which made communication between the office and other care staff easier.

The service had an infection control policy and procedure which provided staff with guidance on reducing the risk of cross infection. Staff told us they had received training on this topic and were provided with protective gloves and aprons to use where necessary.

Good

Is the service effective?

Our findings

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. People we spoke with were complimentary about the staff who supported them or their family member. They all said they felt the care provided was appropriate and well delivered, and staff had the necessary skills to meet their needs. One person told us, "Very pleased with my care, they [staff] seem to know what I need before I do." Another person commented, "They [staff] appear to have been trained for this work and the confidence in their delivery means I am getting good care." A third person said, "I cannot comment on their qualifications, but they seem to be very professional."

There was a structured induction and training programme in place which aimed to ensure staff had the right skills to meet people's needs. New staff had undertaken an intense four day induction to the agency which included becoming familiar with key company policies and procedures and undertaking the company's mandatory training. Topics covered included health and safety, administration of medication, moving people safely, safeguarding people from abuse and supporting people living with dementia. The induction training was also linked to the Care Certificate. The Care Certificate introduced by Skills for Care looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Once staff recruitment checks had been made and staff had finished the induction, arrangement had been made for them to shadow an experience care worker, so they could get to know the people they would be visiting and be assessed providing support. The registered manager told us the number of shadow shifts completed would be determined by the person's previous experience and their abilities. Shadow shift reports were used to feedback how they were settling in and helped to determine when the care worker was confident and competent enough to work unsupervised. The registered manger said even then they may only work on visits where two staff were needed for a while. Once they began to work alone she said on-going telephone support was available to all staff.

The registered manager used a training matrix produced by the company's training department to monitor the training staff had completed, and when subjects needed refreshing. They told us they had worked hard throughout 2017 to make sure staff completed refresher training in line with company policy. We saw that although there were a few gaps in the training matrix these had been identified and were being addressed. The registered manager told us the service was also introducing e-learning and distance learning to make courses more accessible to staff.

We found staff had also received periodic one to one support sessions, attended team meetings and received an annual appraisal of their work. Staff told us support sessions had not been as regular as they used to be, but plans were now in place to address this. Regular spot checks had taken place, where a senior member of staff attended a call to assess areas such as the care workers promptness, appearance, if they referred to the care plan and how they delivered the person's care and support. These visits had been documented and action points highlighted as and when necessary.

Staff we spoke with said they felt they had received all the training and support they needed to care for people appropriately and carry out their job effectively. One care worker described their induction training as, "Very good." They added, "The tutor would explain things then I had to answer questions, and then she answered any queries I had. We had a test after each subject and were given hand-outs which we went over the next day."

We found the service was meeting the requirements of the Mental Capacity Act 2005 [MCA] which is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS], and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures in relation to the MCA were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process, people had signed care records, giving their consent to receive care in the way set out. Where people had appointed others to make these decisions for them, by way of granting lasting power of attorney, the registered provider had ensured it had copies of these authorisations to ensure it acted within the law.

Visit records and people's comments, showed staff were acting in accordance with people's preferences and meeting their assessed needs. People we spoke with said they were always consulted in all areas of their care delivery and appreciated that involvement. One person told us, "If I want to change my mind that is fine, I am not made to do anything I feel uncomfortable with."

Some people lived with their family or were self-sufficient, so did not need staff to help with their meals, while other people needed varying degrees of assistance. People's files contained details about their nutritional needs, including information about their food preferences and any special dietary requirements. The registered manager described how monitoring charts were used to record people's intake if they were assessed as being at risk of not eating or drinking enough. She gave good examples of how this had been done in the past to help people gain weight.

Staff described to us how they offered people choice and encouraged people to eat healthily. One care worker told us, "If they [person being supported] don't want to eat I ask later and say something like 'here's a nice shepherd's pie would you like to try it' they usually eat it then." Staff also told us that between visits they left drinks and snacks within easy reach of people who could not get up and get them themselves.

Good

Is the service caring?

Our findings

All the feedback we received about the care provision was positive, as well as about how people were involved and their wishes met wherever possible. One person told us, "I like the fact that when there is to be a different carer I get a call, that's service for you." Another person said, "Couldn't ask for better care they [staff] are so kind and lovely, they would not do anything that would make me feel awkward." A third person commented, "They [staff] are very kind and good."

Everyone we spoke with was unanimous in their praise for quality of care and staff. One person told us staff were, "Always on time and never make me feel as though I am just a name on a sheet." Two other people commented, "I am always notified when a different carer is calling, which is good customer care" and. "I feel very well looked after and they treat me in the way I want to be treated and it is nice."

People had been involved in developing their plans of care, which identified the care and support they needed. This led to their needs being met to their individual specifications. Files contained some details about people's life history, hobbies, preferences and abilities. However, one care worker we spoke with said they felt this information could be expanded so staff had more information about the person they were supporting.

People using the service told us staff listened to them and offered them choice regarding how their care and support was delivered. They said choices relating to the delivery of their care were always discussed, as were conversations relating to any different support required.

The registered manager told us respecting people's privacy and dignity was discussed with new staff as part of the company induction. They said new e-learning was also being introduced to further expand staffs knowledge and awareness about this subject. People told us their dignity and privacy was observed and independence encouraged where appropriate. They said they were encouraged to do what was safe and manageable. On person told us, "The care is just great. [Staff] always observe my dignity especially after personal care."

Staff also spoke positively about the importance of maintaining people's independence. For example, one care worker told us, "I encourage them [people using the service] to do as much as possible for themselves, it's important."

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity and privacy. One care worker told us, "If I'm washing someone I undress them and cover them with a towel. Then as I wash their top half I keep the bottom half covered." Other care staff said they closed doors and curtains, and asked visitors to step out of the room while providing personal care.

Requires Improvement

Is the service responsive?

Our findings

People who used the service, and the relative we spoke with, told us staff delivered personalised care which met people's needs. Everyone we spoke with was happy with the care and support provided. One person told us, "This is wonderful care and I feel very lucky."

The registered manager described to us how each person was assessed before care packages were started. She said information was gained from the person's social service assessments and then she would arrange to visit them to discuss the care and support they required. Information gathered was then used to write a plan of care, which would be reviewed annually, unless there were changes that needed to be considered. We noted that some people's annual reviews were overdue. However, the registered manager was working towards completing these as soon as possible.

People we spoke with confirmed they had been invited to be involved in developing their support plans, which some people had taken part in, while others chose not to be. One person said, "I don't want that worry about care plans I get asked all the time I just want to continue with my excellent care. My family will deal with that side of things." Another person commented, "I trust the staff and care plans are something I know about, but don't worry about." A third person said, "I am considered when they talk about my care and I do feel my input is welcome and taken into account."

We looked at the office copies of people's care records and found they contained information about the person's needs, any risks associated with their care and their preferences. However, the outcomes of the assessments, such as people mobilising safely, had not always been fully incorporated into the support plans, which detailed how staff needed to support the person at each visit. For instance, in one file we saw the person used mobility aids to move around their home. This information was included in the manual handling risk assessment, but had not been incorporated into the guidance available to staff in the support plan. We also found one person had been prescribed new creams to be applied by staff. Although the visit notes showed staff were applying the creams properly the support plan had not been updated to include this information. We also noted that information in some people's files about their medical conditions and what this meant for the staff supporting them would benefit from a little more detail. There was no evidence that this had any negative effect on the care and support people received.

People we spoke with, including staff, told us key information was available in each person's home which provided sufficient detail about the care and support they required. All the staff we spoke with felt care files contained all the information new staff needed to care for each person.

Visit records described the support staff had delivered and how the person had been during the period being recorded. The registered manager told us care and medication records were returned to the office regularly, where they were checked so managers could monitor if they had been completed correctly and support had been delivered in accordance with people's assessed needs.

The registered provider had a complaints' policy which gave appropriate timescales for the service to

respond to any concerns raised. The registered manager told us she tried to encourage a more open culture at the service to encourage people to share their views. She said there had been no formal complaints over the past year, but any 'niggles' had been recorded and actioned immediately. We saw there was a system in place to record the detail of any complaints, action taken and the outcome.

The common theme from the calls we made was one of gratitude for the care received and no-one raised any concerns at all. Everyone said they would know what to do if they had a complaint, but felt it was unlikely that they would need to complain. One person commented, "Of course I know how to complain, but if things keep going the way they are I see no reason to be calling anyone." Two other people told us, "Yes I know how to make a complaint, but it would need to be serious" and "I don't feel that complaining is something I will need to worry about, but I know what to do."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of the registered provider's registration. They were supported in their post by an area manager and two care coordinators. There was also corporate support provided by departments such as the company human resources team, IT services and a performance director, who was responsible for company policies and quality audits. The registered manager told us she was currently undertaking a level five management and leadership course to enhance her skills and knowledge. She said she felt well supported by her line manager, who was supporting her during our inspection.

The registered manager took an active role in the running of the service and had a good knowledge of the staff and the people who were supported by the agency. There was a clear management structure, which staff were aware of. Staff working in the office had access to e-learning courses to improve their knowledge and skills. For instance, to enable them to carry out staff appraisals and in human resources topics, such as addressing areas like maternity leave legislation.

We found people benefitted from a staff team that was happy in their work. The service had a positive culture that was person-centred, open and inclusive. When we asked staff if there was anything they would change to make the agency better no-one could think of anything. One care worker told us, "No, I feel well supported and I can talk to the manager or care coordinator about anything, they are both very helpful."

People knew who to contact at the office if they had any concerns or queries. When the office was closed calls were diverted to the company out of hour's response team who would deal with any issues or divert them to the local on call person to address. People who used the service spoke positively about the management of the service and said the staff in the office was 'lovely' and 'helpful'. They confirmed it was always possible to get hold of someone if a call was needed and they in turn let people know about things like delays.

People were also very complimentary about the service. One person described the agency as, "A very good service with no complaints, just happy that they do what they do." Another person said, "This is a good company I am pleased they are delivering my care for me." A third person commented, "The management are available if I need to speak to them and the staff all feel supported and enjoy their job."

Surveys, care review meetings and spot checks had been used to gain people's views about how the service was operating. The registered manager said telephone calls were also made to people to check they were happy with the way their care and support was delivered. However, these had not been recorded and some people could not remember if they had been asked about their satisfaction or not. We were told the management team would look at how best to record verbal feedback in the future.

The registered provider had summarised the outcome of a survey carried out in August 2017. The summary showed that overall people who responded were happy with the service they had received. The outcome of the questionaries' we sent out earlier this year showed that a small number of people did not feel the service

asked their opinion and some felt information provided was not always clear and easy to understand. This was shared with the registered manager to help them improve the way information was shared.

Staff told us they attended periodic team meetings where they could raise issues and discuss changes at the agency. They also had an opportunity to share ideas and have discussions with managers to support sessions and spot check visits. However, we found no staff surveys had been undertaken to enable them to share their views anonymously if they preferred. The management team told us the company was looking at introducing a new system for staff to share their views. Staff we spoke with all said they felt able to approach the management team if they had anything they wanted to discuss or highlight as a problem.

There were a range of policies and procedures available to support the safe and effective running of the service. Staff were introduced to these on the first day of their induction to the company.

We saw regular audits had been undertaken to check staff were following company polices. This included monitoring records returned from people's homes, care plans, medication records and operational performance, such as staff recruitment. Where the audits identified improvements could be made action had been taken to address any shortfall. However, in some cases the action plan did not say who was responsible for taking action and the timescale for completion. We discussed this with the registered manager who said they would make sure records were more detailed in future.

We also saw the registered manager was monitoring visit times to make sure staff arrived on time and stayed the correct length of time at each visit. The system in place pulled up records for all visits made by the service, as well as for individual care workers. This meant they could address any shortfalls with the staff member concerned.

The rating from the last CQC inspection was on display in the office and on the registered provider's website. However, we pointed out to the area manager that this was difficult to find. She said she would discuss this with the registered provider.