

The Human Support Group Limited

Human Support Group Limited - Bolton

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 22 November 2017 and was announced. Human Support Group Limited – Bolton provides care and support to people that enables them to remain in their own homes. Care is provided to people with a mental health related illness and to people who require help with personal care and daily living tasks. The Bolton office is situated on an industrial estate in the Astley Bridge area of Bolton. At the time of the inspection there were 199 people using the mental health service and 97 people using the domiciliary care service.

There was a manager in place who was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People who used the service felt safe with the people who supported them. Staff recruitment was robust and staffing levels were satisfactory.

There was a safeguarding policy and staff had undertaken training and were confident about the procedures around safeguarding issues. Accidents and incidents were logged and addressed appropriately. An appropriate medicines policy was in place and medicines were managed effectively.

The induction procedure was thorough and on-going mandatory and refresher training was undertaken by all staff. Staff supervisions and appraisals were undertaken regularly. Care plans included appropriate information around health and support needs.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA). We saw evidence of consent being sought where appropriate.

People who used the service and their relatives the service told us staff were polite and kind. There was a policy on equality and diversity and the service was committed to ensuring equality and diversity were respected.

There was a service user guide which included relevant information about the service. Satisfaction surveys were sent out on a twice yearly basis to gain people's views and suggestions about the service. We saw evidence of people's involvement in care planning and reviews.

Care files we looked at were person-centred and included information about people's backgrounds, likes and dislikes. The service was using a new electronic system for call monitoring. This enabled the service to better monitor timings of visits and to address any issues of lateness or missed visits promptly.

The service had an appropriate compliments, suggestions and complaints policy and procedure in place. Complaints had been addressed appropriately and in a timely way. The service had received a number of compliments via telephone and e mail and these were also logged and analysed.

Staff said they were well supported within their roles and the management team were accessible and supportive. Regular staff meetings provided an additional forum to supervisions for staff to raise any issues.

The service undertook quality audits, monitoring and analysis. All audits included follow up actions where required.

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.

People who used the felt safe with the people who supported them. Staff recruitment was robust and staffing levels were satisfactory.

There was a safeguarding policy and staff had undertaken training and were confident about the procedures around safeguarding issues.

Accidents and incidents were logged and addressed appropriately. An appropriate medicines policy was in place and medicines were managed effectively.

Is the service effective?

Good ●

The service was effective.

The induction procedure was thorough and on-going mandatory and refresher training was undertaken by all staff.

Staff supervisions and appraisals were undertaken regularly. Care plans included appropriate information around health and support needs.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us staff were polite and kind.

There was a policy on equality and diversity and the service was committed to ensuring equality and diversity were respected. There was a service user guide which included relevant information.

Satisfaction surveys were sent out a twice yearly basis to gain

people's views and suggestions about the service. We saw evidence of people's involvement in care planning and reviews.

Is the service responsive?

Good ●

The service was responsive.

Care files we looked at were person-centred and included information about people's backgrounds, likes and dislikes.

The service was using a new electronic system for call monitoring to enable them to monitor timings of visits and address any issues promptly.

The service had an appropriate compliments, suggestions and complaints policy and procedure. Complaints had been addressed appropriately.

Is the service well-led?

Good ●

The service was well-led.

There was a manager in place who was in the process of registering with the Care Quality Commission.

Staff said they were well supported within their roles and the management team were accessible and supportive. Regular staff meetings provided an additional forum to supervisions for staff to raise any issues.

The service undertook quality audits, monitoring and analysis. All audits included follow up actions where required.

Human Support Group Limited - Bolton

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 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.

We gave the service 48 hours' notice of the inspection. We visited the office location on 22 November 2017 to see the manager and office staff. We also reviewed care records and policies and procedures. Following the visit to the office we also contacted people who used the service and relatives by telephone.

The office was visited by one adult social care inspector from the Care Quality Commission (CQC). Telephone calls to people who used the service and their relatives were made by two adult social care inspectors.

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team and the local safeguarding team to find out their experience of the service. We contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. This was to gain their views on the care delivered by the service. We did not receive any negative comments. We also contacted four health and social care professionals for their views about the service. We did not receive any negative comments from them either.

During the inspection we spoke with the manager, the area manager, three care coordinators, two support

workers and an office worker. We also spoke with eighteen people who used the service and thirteen relatives to gather their views. We spent time at the office and looked at seven care files, five staff personnel files, training records, staff supervision records, service user satisfaction surveys, meeting minutes and audits.

Is the service safe?

Our findings

People who used the service felt safe with the people who supported them. However, two relatives said they felt timings of visits were inconsistent. For example, one relative told us breakfast visits were sometimes late and one had been made after 11.30 am. This could compromise people's safety if they were not being visited when arranged as they may not be prompted to take medicines at the correct times or have regular meals. This issue had been reported to the area manager who had made assurances that the matter was being dealt with. Other relatives we spoke with were happy with the times of their visits.

We looked at five staff personnel files. These included all relevant documentation such as application form, interview notes, proof of identity two references and Disclosure and Barring Service (DBS) checks. DBS checks help employers ensure they recruit staff who are suitable to work with vulnerable people.

Staffing levels and lack of consistency of care workers had been an issue in the past and some issues around staff turnover had been raised via satisfaction surveys in May 2017. However, although a number of new staff had been recruited recently, we saw that improvements had been made in this area and staff we spoke with were much more positive about staffing levels and on-going support.

There were staff in the office during office hours and there was a centralised call centre that managed phone calls on evenings and weekends when the office was closed. There was a local (Bolton) point of contact for both of the teams for mental health and for domiciliary care during those times. There was also a designated senior manager on a rota rotation as an escalation point should this be needed. This helped ensure staff were supported with any issues they encountered and people who used the service had a contact point when required.

The service had an appropriate policy and procedure in place with regard to safeguarding. This included references to the local council safeguarding structure and flow charts for staff to follow. Staff had had training and regular refresher courses with regard to safeguarding. Staff we spoke with demonstrated an understanding of safeguarding and were confident to report any issues or concerns. We looked at the safeguarding log which showed that any issues had been followed up in a timely and appropriate manner. The service also had a whistle blowing policy to allow staff to safely report any poor practice they may witness. Staff were aware of the whistle blowing policy and were confident to use it if necessary.

There were up to date health and safety and fire safety policies in place. Appropriate general, environmental and individual risk assessments were completed and these were reviewed and updated as required.

Accidents and incidents were logged and addressed appropriately. These were then analysed for patterns and trends so that appropriate improvements could be made.

We saw an appropriate medicines policy was in place. This policy included appropriate legislation and guidance around recording, refusals, medicines errors, non-prescribed medicines, as and when required medicines (PRN) and recording. The training matrix showed that staff had done the medicines training.

Medicines errors were dealt with appropriately by the service which followed their own policy and procedure.

Is the service effective?

Our findings

We saw evidence of the induction programme within staff files and this was confirmed by staff we spoke with. The induction consisted of a week of mandatory training, both practical and theoretical, orientation to the service, health and safety and policy information and shadowing a more experienced staff member. Competence checks were carried out to help ensure the person was ready to work alone. A carer's handbook was given to all staff and included details of the main policies and procedures.□

Training was on-going following induction and regular refreshers of mandatory subjects were undertaken. The training matrix showed that training was monitored and staff were up to date with all courses. As well as mandatory training, staff were supported through National Vocational Qualifications (NVQ) as well as other opportunities for development. There was a three month probation period for new staff, which could be extended if required. Staff we spoke with felt the training was plentiful and appropriate to their roles. Comments included; "I feel I have the skills and experience to fulfil my role, I am happy to progress and there is nothing I would change"; and "I've had all the training I have asked for on top of the mandatory training". Another member of staff told us, "I left and came back within a short time and had to go through the whole induction again, that was very thorough".

Staff supervisions were undertaken regularly and there were yearly appraisals, where staff could reflect on the previous year and discuss goals for the coming year. We saw evidence of supervisions where discussions included general outcomes of work, what went well or didn't go well, training needs and staff point of view. Staff we spoke with were comfortable to bring up any concerns within supervision sessions. Team meetings were also undertaken on a regular basis and these were recorded.

Care plans we looked at included a thorough initial assessment and information around health and well-being; issues such as nutrition, personal care, mental well-being and medication support were also detailed. We saw evidence of good partnership working with other agencies, for example, falls team, dieticians and GPs, where required. Staff we spoke with were able to give examples of partnership working with other professionals to provide a more holistic service to people who used the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that consent forms for such things as disclosure of information and agreements to keeping care plans in people's homes were

included with in care files. These were signed by people who used the service, where possible. Staff had received training in MCA and DoLS and were able to demonstrate a knowledge of the principles and their application within their work. Some examples were given by staff around working within people's best interests. For example, a staff member had been involved in best interests discussions with a social worker around how best to support a person with their finances. Another staff member had been part of an emergency review meeting to discuss a best interests decision around family issues.

Is the service caring?

Our findings

One person who used the service told us, "The staff are polite and kind. They turn up on time". One relative said, "I think the care staff they send are kind. I think they [parents] are well cared for. I have had a few issues in the past because it is important [parents] get the same staff. They are reliable most of the time and turn up. The service can be a bit different at weekends, which is usually when a new member of staff goes to care for them. The situation has resolved itself now and seems to have stabilised with the same staff looking after my parents". Another person told us, "As far as I am concerned the service is good. The staff are reliable and turn up on time and they are trustworthy. My relative loves them all and they are like family. Overall I am happy with the service".

One person summed up how they felt; "The regular carer is good and lets me know what is going on. She either leaves me a note or writes it down in the care plan. What they write is now correct such as if they have washed or changed my relative. Our carer is very good, reliable and lovely. This staff member communicates well with us".

There was a policy on equality and diversity and the service was committed to ensuring equality and diversity were respected. Staff had received training in this area and were able to give a number of examples of how this was achieved. For example, literature was available in different languages, formats and font sizes to make it accessible to as many people as possible. Different forms of communication were used for people with specific needs.

People were matched with care workers to help support compatibility between people who used the service and staff. People could put forward their preference of gender with regard to staff and the service also took into account people's needs with regard to language and culture.

There was a service user guide which had been updated with the new manager's details. This included information about the requirements of the CQC, the service's statement of purpose, aims, quality policy, service user rights, facilities and services, staff information, fire safety policy, fees, complaints procedure, contact numbers, safeguarding information, confidentiality and access to records.

Satisfaction surveys were sent out to people who used the service on a twice yearly basis. This gave them a forum to raise any concerns or make suggestions for improvement to the service. We saw that the results of the surveys were analysed and used when developing the service. There had been some comments in the last survey, May 2017, about staff turnover and this was being addressed by the new manager and area manager. They had looked at retention of staff and found that offering further training and development to ensure staff felt suitably skilled to carry out their roles had helped. The management team had also put measures in place to help ensure staff had access to support at all times and felt this had also helped with staff retention.

We saw evidence of people's involvement in care planning and reviews. A relative told us, "I read the care plans and they are accurate". Another commented, "I read the care plan and it is accurate for what she

needs".

Is the service responsive?

Our findings

All the seven care files we looked at were person-centred and included information about people's backgrounds, likes, dislikes, family goals, important places, hobbies and care needs. We saw that staff made an effort to facilitate people's interests and hobbies where possible. One staff member told us, "I accompany people to day care, sports activities, gyms, swimming and pool. Some people just like to get out for a shopping trip. This helped people be an active part of the wider community."

The service was using a new electronic system for call monitoring. Alerts were received by the office staff, or on call staff, if a care worker had not turned up at a visit. This enabled the service to better monitor timings of visits and to address any issues of lateness or missed visits promptly by ensuring the person who used the service received their visit and the missed call was addressed with staff involved. Staff supervision sessions were being used to help embed good practice with regard to timings of visits.

The service had an appropriate compliments, suggestions and complaints policy and procedure in place. There had been approximately ten complaints over the last year and these had been addressed appropriately and in a timely way. The service kept a record of all complaints and these were analysed by head office to ensure themes and patterns were picked up and addressed with actions. On a day to day basis there were care coordinators who were responsible for particular areas. They were able to respond promptly to any concerns or issues and record these for monitoring and analysis.

The complaints procedure was outlined within the service user guide and we saw posters displayed in the office, which summarised the complaints procedure. People who used the service told us; "I have no worries, I am happy with the service", and, "If I feel I want to complain I do. By email and copy social services into the email". One person told us, "I have no complaints"; "I have had one or two concerns about the service but it is working out now. They were unreliable because they kept sending different staff but it is better now. [Relative] now has a regular carer".

The service had received a number of compliments via telephone and e mail and these were also logged and analysed. Comments included; "[Name] likes her new support worker [staff name] and would like her to be allocated to her calls on Thursdays", and, "[Name] really likes her care assistant [name] and would like her to visit as much as possible". A relative called the service to say "[Name] is a very good carer and is getting on well with [relative]. Just wanted to thank [carer] for all she's done".

Is the service well-led?

Our findings

The previous registered manager had left the service on 13 October 2017 and the new manager had started working for the company on 02 November 2017. The new manager had a significant amount of experience as a manager in domiciliary care services. We asked staff if they were well supported within their roles and whether the management team were accessible and supportive. Replies from staff included; "I have always had support, even when the manager left", and, "We get plenty of support. There is always someone available to support you so you don't need to make decisions on your own". Another staff member told us, "Always someone available and the support is personal as well as work related. They [management] have been amazing", and another two commented, "Anything you struggle with you ask for support and get it. On call is available and a senior manager will get back to you", and, "Help is there if you ask for it".

The provider had started a 'Celebration Fund' for staff. This was to pay for incentives, rewards and awards to celebrate staff achievements and good practice. For example, this had been used in the past for care workers who were seen to have gone the 'extra mile' and paid for a meal for the care worker and their partner. It had also been used to buy flowers for a care worker who had suffered an accident and was off work. The service had also had 'carer of the month' awards and had used the money to buy a gift for the winner of the award. The new manager had planned to use some of the money for a buffet for all staff at the forthcoming Christmas staff meeting. The manager told us she intended to discuss the future use of the fund with staff and ask for their suggestions for its use.

Staff supervisions, appraisals and meetings were held regularly and we saw that the new manager had already started having one to one supervisions with staff to help her get to know them and for them to begin to feel familiar with her. These provided a forum for staff to raise concerns, make suggestions or just voice an opinion. We saw a record of staff meetings. The agenda included audit feedback, documentation, spot checks, log in/out, annual leave, rotas, compliance and training.

Staff we spoke with told us the links with other professionals, such as social workers, Community Psychiatric Nurses (CPNs), societies such as Multiple Sclerosis Society and Stroke Association were encouraged by the management and were invaluable in helping to provide good, holistic care to people who used the service.

There were a number of checks performed to help ensure staff continued to deliver a good service. Spot checks were carried out by senior staff to check on care workers' performance, punctuality, appearance and skills. Competence checks were also carried out for areas such as medicines administration to ensure skills and knowledge remained current and up to date.

The service carried out quality audits, monitoring and analysis to help ensure they continued to deliver a good standard of service. We saw audits and analysis relating to medicines, health and safety, complaints, accidents and incidents. All had issues recorded and follow up actions which were addressed promptly.